



CREDIT APPLICATION

Applications can be email to accounting@ant.ca
For any inquires please call (604) 404-8888

Legal Name in Full: _____

Trade Name: Same as above, or: _____

Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____ Cell No: _____

of years in business: _____ GST Number: _____

PST Exempt (Y/N): _____ PST Number (if Y): _____

ACCOUNTS PAYABLE CONTACTS:

Contact Name: _____ Phone: _____ Email: _____

Email for Invoice Submission: _____ Started Business Date: _____

Legal Orientation Type: a) Proprietorship; b) Partnership; c) Corporation: _____

Does your company pay by EFT (electronic funds transfer)? (Y/N): _____ Do you Require a purchase order? (Y/N): _____

If you have worked with an ANT's Sales Representative, please let us know. Sales Rep Name: _____

Ownership Information:

(Owners, Partners, and/or Corporate Officers)

Principal's Name & Title	Email Address	Phone
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Individual Information:

(Partnership, Sole Proprietorship)

Full Name: _____ Date of Birth: _____

Email Address: _____ Social Insurance: _____

Bank Reference:

Your Bank: _____ Address: _____ Phone: _____

Contact Name: _____ Email: _____

Transit Number: _____ Institution Number: _____ Account Number: _____

Trade Reference:

Name	Contact Name	Phone	Email Address
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

ANT Rentals Ltd. may at any time, obtain information about the above named company from any bank, credit bureau, or any other person in connection with it's financial obligation to ANT Rentals Ltd.

I/We jointly and severally declare that the applicant company, as name above, does carry insurance to cover non-owned or rental equipment in the amount of no less than two(2) million dollars. **PLEASE provide the Certificate of Insurance (COI) together with this credit app, otherwise damage waiver will be automatically applied.**

I/We hereby jointly and severally agree to pay your account according to your terms of payment (30 days from date of invoice).

Signature: _____ Title: _____ Date: _____