CERF
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LIMITED PARTNERSHIP

4-WAY EQUIPMENT RENTALS

THE SMART-WAY DISPOSAL & RECYCLING COMPANY LTD

8430 - 24 Street, Edmonton, AB T6P 1X8

P. 780-410-2994 F. 780-416-7693 P. 780-465-4888 F. 780-410-2999

BUSINESS CREDIT APPLICATION

(All Spaces Must Be Completed & Insurance certificate attached)

Business name: _____

Billing Address: _____ **City:** _____ **Prov:** _____ **P.C.:** _____

Telephone number: _____ **Fax #:** _____ **E-Mail:** _____

Company contact(s): _____ **Credit Requested:$** _____ **POs?** ☐ **Yes** ☐ **No**

A/P Contact: _____ **Company Principal(s):** _____

Nature of business: _____ **Date of Incorporation:** _____

Where did you hear of us? _____

3 Credit Trade References minimum (does not include utilities or finance companies):

Company name	Phone #	Fax #

Terms and Conditions: I understand that rentals and/or purchases shown on contracts, invoices and monthly statements must be paid 30 days following the date of invoice. It is also understood that accounts 30 days overdue or more may be subject to an interest charge of 2% per month. This charge shall be debited directly to the account and will become part of the total amount payable. The undersigned certifies that the above information is correct. I hereby authorize Canadian Equipment Rental Fund Limited Partnership o/a 4-Way Equipment Rentals Corp. and/or The Smart-Way Disposal & Recycling Company Ltd., wholly owned subsidiaries of Canadian Equipment Rental Fund Limited Partnership to obtain a credit report or other credit information from references provided to us. I also authorize Canadian Equipment Rental Fund Limited Partnership and/or The Smart-Way Disposal & Recycling Company Ltd. to hold, use, exchange and disclose this information as required in order to administer our application and account for present and future consideration. **The undersigned has authority to bind the applicant:**

N.B.: Attach Certificate of Insurance Policy

_____ _____ _____

Authorized Signature **Print Name - Title** **Date signed**

Office Use Only: Approved: _____ Declined: _____ COD: _____ Date: _____ Init: __