



Googol Learning
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Port Moody, British Columbia
Tel (604) 604-720-7762 Fax 604-677-6261
Toll Free Fax 1-866-500-1124
www.googolpower.com

Confidential Credit Application

Legal Name: _____

Trade Name: _____

Full Billing Address: _____ Postal/Zip _____

Full Shipping Address: _____
Postal/Zip _____

Phone: () _____ Fax: () _____

Email _____ Web Page address _____

GST/BN or Fed ID # _____ PST # (in Can) _____

Company Information:

President/owner: _____ Home Phone #: _____

Home Address _____

Vice-President/Partner: _____ Home Phone #: _____

Home Address _____

Date of establishment: ____/____/____ Present Location: ____/____/____

Buyer: _____ Accts. Payable Contact: _____

Bank References:

1. Principal Bank: _____ Account #: _____

Account Manager at branch _____

Address: _____ City: _____ Prov/State: _____

Postal/Zip Code: _____ Tel: (____) _____ Fax: (____) _____

Trade References:

1. Company Name: _____ Contact _____

Address: _____ City: _____ Prov/State: _____

Postal/Zip Code: _____ Tel: (____) _____ Fax: (____) _____

2. Company Name: _____ Contact _____

Address: _____ City: _____ Prov/State: _____

Postal/Zip Code: _____ Tel: (____) _____ Fax: (____) _____

3. Company Name: _____ Contact _____

Address: _____ City: _____ Prov/State: _____

Postal/Zip Code: _____ Tel: (____) _____ Fax: (____) _____

Googol Learning Terms and Conditions:

1. Terms of sale are net 30 Days from date of invoice.
2. Payment: Company cheque, money order, Visa. or Mastercard
3. All overdue accounts are subject to 2% per month interest charge / 24% per annum rate.

I understand the terms and conditions of this account and guarantee personally that the account will be maintained according to these conditions and in a current position. I authorize Googol Learning to make inquiries for the purposes of processing this application.

Signature of Company Officer

Name and Title

Date