



**FLUEY TRADING**  
**豐宜貿易**

440 Jarvis Ave. Winnipeg Mb. R2W 3A6

Phone 204-586-7000 Fax 204-586-4251

<b>For Office Only:</b> Account Number: _____ Payment Terms: _____ Sales Rep: _____
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**REQUEST FOR CREDIT INFORMATION**

Legal Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Principals Name: \_\_\_\_\_ Home/Cell Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

**SHIPPING INFORMATION**

Receiving Hours: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

**TRADE REFERENCES**

Name	Address	Phone number
1.		
2.		
3.		

**Method of Payment**

▶ Visa      ▶ Mastercard

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder's Name : \_\_\_\_\_

**I/we authorize Fluey Trading Inc. to use my credit card information for payment of invoices.**

We jointly and severally agree that the terms of granted credit are that all accounts are due and payable within 15 days of date of invoice, unless otherwise stipulated in writing and a service charge may be charged to our account at a rate of 2% per month (24% per annum) on the overdue balance. I/We also authorize you to conduct any credit investigation you may find necessary in reference to request for an account.

**Authorized Signature**

**Title**

**Date**

\_\_\_\_\_