

CREDIT APPLICATION

Company Applying: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Tel. No: _____ Fax No: _____ PST No: _____

Nature of Business: _____ Date Established: _____

- Agent Re-Seller Equipment Distributor
 Corporation: Partnership Proprietorship

Principal Officer _____ Financial Officer _____

Credit Limit Applied For \$ _____ Net 30 Days

CREDIT REFERENCES

Company: _____
 Street: _____
 City: _____ Province: _____
 Tel. No: _____ Fax No: _____

Company: _____
 Street: _____
 City: _____ Province: _____
 Tel No.: _____ Fax No: _____

Bank: _____ Account No: _____
 Street: _____ Province: _____ Postal Code: _____
 City: _____ Tel No: _____
 Contact: _____ Fax No: _____

We agree to pay all debts within the specified terms.
 If payment is not received within 30 days, a **2% per month charge applies** to the outstanding balance.

For: _____ Signature: _____
 Date: _____ Title: _____

1274 Ringwell Dr., Unit 2, Newmarket ON, Canada, L3Y 9C7
 Phone: 905-853-2568 Toll Free: 800-565-9192 Fax: 905-853-4363 Toll Free 800-753-6646

Sales Representative: _____