



CREDIT APPLICATION FORM

Account Number:	Credit Limit:	Salesperson:
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NAME OF FIRM: _____ (us only) _____
 FED. ID# _____

BILLING ADDRESS: _____

CITY: _____ PROV / STATE: _____

COUNTRY: _____ POSTAL CODE: _____

TELEPHONE: () _____ FAX: () _____

CREDIT LIMIT DESIRED: \$ _____ PER MONTH \$ _____ PER YEAR

NATURE OF BUSINESS: _____

PRINCIPAL OFFICERS & TITLES: 1 _____

2 _____

SHIPPING ADDRESS: _____

CITY: _____ PROV / STATE: _____

COUNTRY: _____ POSTAL CODE: _____

Sales & Use Tax: _____

Tax Exempt Yes ___ No ___ (If yes please provide information)

BANKING INFORMATION

BANK: _____ TELEPHONE: () _____

ADDRESS: _____ CONTACT: _____

CITY, PROV/STATE: _____ ACCOUNT NUMBER: _____

CREDIT REFERENCES

1 SUPPLIER: _____ TELEPHONE: () _____

ADDRESS: _____ FAX: () _____

CITY, PROV/STATE: _____

2 SUPPLIER: _____ TELEPHONE: () _____

ADDRESS: _____ FAX: () _____

CITY, PROV/STATE: _____

3 SUPPLIER: _____ TELEPHONE: () _____

ADDRESS: _____ FAX: () _____

CITY, PROV/STATE: _____

(This must be filled out)

PLEASE CONFIRM THAT YOU HAVE A LOADING DOCK AND A FORKLIFT TO OFF LOAD YOUR ORD

(Additional freight charges will occur if you don't)

Yes I do _____ No I don't _____

NO I DON'T BUT WILL MAKE ARRANGEMENTS TO OFF LOAD IT. _____