

APPLICATION FOR CREDIT

Your Company Name: _____

Type of Business: _____

Address: _____ Province: _____ Post Code: _____

Tel: _____ Fax: _____

Email: _____ Website: _____

Number of Years in Business: _____

President: _____ Tel: _____

Purchaser Contact _____ Tel: _____

Accounts Payable: _____ Tel: _____

CREDIT INFORMATION:

Bank Name: _____ Address: _____

Tel: _____ Account #: _____

CREDIT REFERENCE:

1) Company : _____ Tel: _____ Fax: _____

2) Company : _____ Tel: _____ Fax: _____

3) Company: _____ Tel: _____ Fax: _____

Signature: _____ Position: _____

Name (printed): _____ Date: _____

We are interested in:

- | | | | |
|---------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Copper Tube | <input type="checkbox"/> Marcellflex | <input type="checkbox"/> Foil Tape | <input type="checkbox"/> AC Cover |
| <input type="checkbox"/> Mini-split | <input type="checkbox"/> Portable | <input type="checkbox"/> Ball Valve | <input type="checkbox"/> STL Wall Bracket |
| <input type="checkbox"/> Filter Frame | <input type="checkbox"/> Snow Stand | <input type="checkbox"/> Alum. Wall Bracket | <input type="checkbox"/> OEM Motor |

Please Send me catalogue Call me make an appointment