



Quality Designs for a Better Life

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CREDIT APPLICATION (CONFIDENTIAL INFORMATION)

PLEASE PRINT OR TYPE

Line of Credit Required	<input type="text"/>	NET 30 DAYS TERMS AND CONDITIONS ATTACHED	Currency Preferred	CAD <input type="checkbox"/>	USD <input type="checkbox"/>
Company Name	<input type="text"/>	Telephone #	Years in Business	<input type="text"/>	
Invoice Address	<input type="text"/>	A/P Contact	<input type="text"/>		
City	<input type="text"/>	Fax #	<input type="text"/>		
Prov./State	<input type="text"/>	E-Mail	<input type="text"/>		
P.C/Zip	<input type="text"/>	Web Site	<input type="text"/>		
Country	<input type="text"/>	Type of Business	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	
US Importer/Federal ID #	<input type="text"/>		<input type="checkbox"/> Subsidiary	<input type="checkbox"/> Other (list below)	
ISO #	<input type="text"/>		<input type="text"/>		

Description of Business		<input type="text"/>	
Principals of Business	<input type="text"/>	Position	<input type="text"/>
	<input type="text"/>	Position	<input type="text"/>
P.S.T Exemption No.	<input type="text"/>		
	(please enclose form)		
G.S.T Exemption No.	<input type="text"/>	G.S.T No.	<input type="text"/>
	(please enclose form)		

Bank	<input type="text"/>	Address	<input type="text"/>
Branch Contact	<input type="text"/>		<input type="text"/>
Telephone #	<input type="text"/>	Fax #	<input type="text"/>

Trade References			
Company Name	<input type="text"/>	Telephone #	<input type="text"/>
Contact Name	<input type="text"/>	Fax #	<input type="text"/>
Company Name	<input type="text"/>	Telephone #	<input type="text"/>
Contact Name	<input type="text"/>	Fax #	<input type="text"/>
Company Name	<input type="text"/>	Telephone #	<input type="text"/>
Contact Name	<input type="text"/>	Fax #	<input type="text"/>

ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE. WE AUTHORIZE AUSTIN INSULATORS INC. TO MAKE ANY AND ALL INQUIRIES NECESSARY FOR ACTION ON THIS CREDIT APPLICATION. WE HEREBY INDEMNIFY AUSTIN INSULATORS INC AND ITS AGENTS FROM ANY LIABILITY RESULTING FROM THEIR CREDIT SURVEY.

PLEASE NOTE: AS PART OF THE CREDIT APPLICATION PROCESS, ADVANCE PAYMENT WILL BE REQUIRED UNTIL CREDIT PROCESS IS COMPLETE.

AUTHORIZED SIGNATURE _____ DATE _____

TITLE _____

For Office Use Only	Customer Account Number Assigned	<input type="text"/>
D.D. % (if applicable)	Initial Order	<input type="text"/>
Authorized	Date	<input type="text"/>