

RETURN COMPLETED FORM VIA FAX TO:

HEAD OFFICE 988 ALLOY DR THUNDER BAY ON P7B 6A5 TEL (807) 623-9561 FAX (807) 623-2943

NEW ACCOUNT CREDIT APPLICATION

ALL PAGES MUST BE COMPLETED FOR CREDIT APPROVAL - Please Print Clearly

Company Name:			
Mailing Address:			
City:	Prov:	Postal Code:	
Ship-to Address (if different from	above):		
Main Phone:	Mair	Main Fax:	
Web Site:	Main Email:		
Name(s) of Owner(s):			
Accounting Contact Name: _			
Tax Exemption #			
Please comple	te and return "PURCHAS	SE EXEMPTION CERTIFICATE"	
Years in Business	rs in Business Credit Limit Desired \$		
	Secure the Properties f	st in Acquired Merchandise and Permit or Payment of our Liabilities and Obligations. ntil Paid for In Full.	
In Accordance to The Terms of T Subject to a Two Percent (2%) Pe	he Sale. It is Understood or Month, Twenty-Four Pe secoming an Actual Part (Pay the Outstanding Balance on our Account Accounts Overdue 30 Days or More are ercent (24%) Per Annum Charge Debited of the Total Indebtedness Along with Any and	
Based on Credit Approval and Ite	m Purchased, First Time	Orders May Require Pre-payment or C.O.D.	
PRINT NAME	ТІТІ	_E	
SIGNATURE		DATE	
OFFICE USE ONL	<u>Y:</u>		
PURCHASE AMOL	 JNT \$		
AUTHURIZATION			



NEW ACCOUNT CREDIT APPLICATION

Equipment World Inc recognizes the importance of protecting the privacy of information we may collect from our customers and potential customers. Any information collected will only be used with the strictest of confidence in order to provide you with the best possible service. Equipment World Inc will not disclose any personal information unless authorized to do so and will make all reasonable efforts to protect such information including protecting the personal information from loss, theft, or unauthorized access. I acknowledge that Equipment World Inc will obtain information and consent the use of such information for internal purposes.

I BEING A REPRESENTATIVE OF		
PRINT NAME	COMPANY NAME	
HEREBY ACKNOWLEDGE AND GIVE AUTHORIZATI CREDIT INFORMATION FROM THE REFERENCE NA AN ACCOUNT.	ON TO EQUIPMENT WORLD INC TO COLLECT MES I HAVE LISTED BELOW, IN ORDER TO SET UP	
SIGNATURE	TITLE	
PRINT NAME		
TRADE REFERENCES:		
SUPPLIER #1: NAME		
PHONE #	FAX#	
SUPPLIER #2: NAME		
PHONE #	FAX#	
SUPPLIER #3: NAME		
PHONE #	FAX#	
BANK REFERENCE:		
NAME OF BANK:		
ADDRESS:		
PHONE#	FAX#	
ACCOUNT MANAGER:		



Please Complete For Our Customer Database:

COMPANY NAME:	DIVISION:
Type of Business	
SIC CODE Number:	(If unsure, please check: <u>www.siccode.com/index.php</u>)
CONTACT INFORMATION:	
POSITION: Owner / Manager	
FIRST NAME:	LAST NAME:
EMAIL:	EXT #:
Would You Like Us To S	end Them Our Product Catalogue? YES NO
Can we contact them via	email? YES NO
POSITION: Purchasing	
FIRST NAME:	LAST NAME:
EMAIL:	EXT #:
Would You Like Us To S	end Them Our Product Catalogue? YES NO
Can we contact them via	email? YES NO
POSITION: Warehouse / Ship	pping-Receiving
FIRST NAME:	LAST NAME:
EMAIL:	EXT #:
Would You Like Us To S	end Them Our Product Catalogue? YES NO
Can we contact them via	email? YES NO
ADDITIONAL CONTACT:	
POSITION:	
FIRST NAME:	LAST NAME:
EMAIL:	EXT #:
Would You Like Us To S	end Them Our Product Catalogue? YES NO
Can we contact them via	email? YES NO

Please Note: COMPLETION OF ALL PAGES IS MANDATORY FOR CREDIT APPROVAL

www.equipworld.com