

General Information

Company Legal Name & Trade Name:	
Affiliate Company Name (if any):	Mailing Address:
Phone:	Billing Address:
Fax:	Accounts Payable Contact:
Registered Address:	Accounts Payable Phone:
City / Prov. / Postal:	Accounts Payable E-mail:

Business Information

Company Owner Name:	No. years in Business:
Company Owner Email:	Person(s) Authorised to purchase
Company Owner Phone:	1:
Type of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership	2:
<input type="checkbox"/> Corporation <input type="checkbox"/> Other	3:
Type of Business:	Credit Requested:

Bank Information

Name of Bank:	Bank/Institution code (3 digit):
Bank Address:	Branch/Transit number (5 digits):
Phone:	Account number:

Business / Trade References

Company Name:	Phone:
Address:	Fax:
City / Prov. / Postal:	E-mail:
Type of Account:	Other:
Company Name:	Phone:
Address:	Fax:
City / Prov. / Postal:	E-mail:
Type of Account:	Other:
Company Name:	Phone:
Address:	Fax:
City / Prov. / Postal:	E-mail:
Type of Account:	Other:

Agreement

1. All invoices are to be paid 30 days from the date of the invoice. For all overdue payments, a 2% compounded monthly interest late fee will be billed on your next invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize RS Breakers & Controls to make inquiries into the banking and business/trade references that you have supplied.

We/I make this application for a charge account and give _____ authorization to obtain and report Business information and Personal credit information on the principals of this company including detailed bank reports through the services of Groupecho Canada. for the purpose of opening this account and monitoring it for this business relationship.

We/I authorize the exchange of business and personal information on an ongoing basis with credit bureaus and trade suppliers in order to protect and ensure the completeness of the information and to maintain the integrity of the credit granting system.

Signature

Applicant's Signature:	Applicant's Signature:
Name:	Name:
Title:	Title:
Date:	Date: