

130-19358 - 96th Avenue, Surrey, BC V4N 4C1 • Tel: 604-371-0082 • Fax: 604-371-1478

Name of Business: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Name of Owner(s) or Officers of the Firm: _____

Name of Person(s) authorized to use this account: _____

Email: _____

Number of Years of Operation: _____

Incorporated Company Partnership Proprietorship

Address of Accounts Payable Dept. _____

Contact Person: _____ Phone: _____

Email: _____

TRADE REFERENCES

1. Name: _____ Phone: _____

Address: _____ Fax: _____

Credit Limit & Terms: _____

2. Name: _____ Phone: _____

Address: _____ Fax: _____

Credit Limit & Terms: _____

3. Name: _____ Phone: _____

Address: _____ Fax: _____

Credit Limit & Terms: _____

CREDIT TERMS: Payment in full is due **within** 30 days from the date of invoice. I hereby authorize Trade Thermography Ltd. and its representatives to contact all of the references provided and to obtain credit reports as may be deemed necessary to establish and maintain a credit account.

I (We) the undersigned agree to the credit terms described above.

Date: _____ Authorized Signature: _____

Approved: Yes No By: _____ Date: _____ Limit: \$ _____