



405 Lake Road, Unit 2
 Bowmanville, Ontario
 L1C 4P8
 Tel 905-697-4276
 Fax 905-697-6422

REQUEST FOR CREDIT APPROVAL

Customer Name: _____

Address: _____

City: _____ **State/Prov:** _____ **Zip/Postal Code** _____

Telephone Number: () _____ - _____ **Federal ID #** _____

Fax Number: () _____ - _____ **PST Exemption Certificate** _____

Email Address: _____

Credit References

1.	Name:	Tel:
	Address:	Fax:
2.	Name:	Tel:
	Address:	Fax:
3.	Name:	Tel:
	Address:	Fax:

Name of Bank: _____ **Contact Name:** _____

Address: _____

City: _____ **State/Prov:** _____

Telephone Number: () _____ - _____ **Fax Number:** () _____ - _____

Bank Account #: _____

Type of Company: Limited Company
 Partnership
 Sole Proprietorship

Number of years in business: _____

Contact Information

Owner/President:	Tel:
Controller:	Tel:
Accounts Payable:	Tel:
Purchasing :	Tel:

I represent that the above information is true. I authorize Nordock to make such credit investigation as seen fit, including contacting the above trade references and bank and obtaining credit reports. I authorize all trade references, banks, and credit reporting agencies to disclose information concerning the financial and credit history of my company.

The Undersigned agrees to 30 day payment terms, and any amount overdue to be charged 2% per month on all overdue amounts. Usage and/or signature constitute agreement to pay amount invoiced/quoted for services rendered. If this bill is referred for collections, debtor agrees to pay creditor, (and/or his agent), the original bill, (including interest), plus all cost for collection including any court cost.

Authorized Person: _____

Title: _____ Date: _____