

PERFECTPINT Division of Huronia MED-E-OX LTD.

282 Suncoast Dr., Goderich, Ontario N7A 4K4 Tel. 519-524-5363 Fax. 519-524-2222 E-mail: goderich@huroniawelding.com

APPLICATION FOR ACCOUNT - COMMERCIAL & INDUSTRIAL

Name in Full (Correct Trade Name)		Legal Name		BRANCH USE ONLY		
911 Number		Road				Date
R.R.		City		Postal Code		Customer Account No.
Tel. No.		Fax. No.		E-mail		Class of Trade
Proprietorship <input type="checkbox"/>		Partnership <input type="checkbox"/>		Corporation <input type="checkbox"/>		Type of Business
No. of Years in Business		Bank Name		Tel. No.		
Address		Account No.				
Principals/Owners		Address				
1.		Address				
2.		Address				
CREDITORS		Tel. No.		Date of Last Purchase		
Name		Line of Credit				
Address		\$				
Name		Tel. No.		Date of Last Purchase		
Address		Line of Credit				
		\$				
Name		Tel. No.		Date of Last Purchase		
Address		Line of Credit				
		\$				
Are Accounts Receivable Assigned?						
Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, To Whom: _____						
Will Purchase Orders Be Issued? REPRESENTATIVES AUTHORIZED TO MAKE CHARGES WILL BE SUPPLIED BY US WITH PROPER IDENTIFICATION						
Yes <input type="checkbox"/> No <input type="checkbox"/>						
CREDIT CARDS VISA <input type="checkbox"/> # _____ MASTER CARD <input type="checkbox"/> # _____ AMERICAN EXPRESS <input type="checkbox"/> # _____ Other _____ # _____ Other _____ # _____						
This application is made with the understanding and agreement that all charges for product, parts, material or labour, will be assessed a service charge at the rate specified on our invoices on all amounts unpaid 30 days after month-end of the date of invoice.						
Authorized Signature _____			Date _____			
I AM THE APPLICANT NAMED HEREIN, OR AN AUTHORIZED REPRESENTATIVE OF THE CORPORATION NAMED HEREIN.			CORRESPONDENCE PERTAINING TO THE ACCOUNT SHOULD BE ADDRESSED TO:			
Signature _____			Name _____			
Title _____			Address _____			
CREDIT INFORMATION (Hurononia Welding use only)						
CREDIT CHECK PERFORMED: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____						
WRITTEN CREDIT REPORT: <input type="checkbox"/> Copy Attached						
VERBAL CREDIT REPORT: <input type="checkbox"/> Comments: _____						
CREDIT APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____						
CREDIT LIMIT: \$ _____		Terms: _____		Deposit: \$ _____		
PREPARED BY: _____			Date: _____			
APPROVED: _____ Manager Credit & Insurance (where applicable)						