



Aztec Electrical Supply Inc.
 25 North Rivermede Road # 8-10
 Concord, Ontario L4K 5V4
 Tel: 905.761.7762
 Fax: 905.761.7755

Aztec Electrical Supply Inc.
 75 Saltsman Drive # 6 & 7
 Cambridge, Ontario N3H 4R7
 Tel: 519.650.9797
 Fax: 519.650.9793

Date: _____

CREDIT APPLICATION

(Please print or type)
 "CONFIDENTIAL"

Legal Name: _____

Trade Name: _____
 (If different from Legal name)

Mailing address: _____
 (Street or Postal Box)

 (City/Town) (Province) (Postal Code)

Telephone Number: _____ Fax Number: _____
 (Including area code) (Including area code)

Type of Industry: _____ No of yrs in business: _____

Provincial sales tax number(s): _____
 (Please provide a copy if ONTARIO and/or BC)

Principal(s): Name _____ Position _____

Name _____ Position _____

Name of contact for payment _____ Telephone _____

IMPORTANT - Estimated Credit line required: _____

- CREDIT REFERENCES:**
- 1) Name of Company _____
 Address _____
 Telephone# _____ Fax# _____
 - 2) Name of Company _____
 Address _____
 Telephone# _____ Fax# _____
 - 3) Name of Company _____
 Address _____
 Telephone# _____ Fax# _____

BANK: Full Name _____
 Address _____
 (Street or Postal Box) (City/Town) (Province) (Postal Code)
 Account# _____ Transit# _____
 Contact: _____ Telephone# _____ Fax# _____

Financial Statements are required for all credit limits of 50K or greater
 Attached Not Available

*Term: Net 30 days. Interest will apply at 2.0% per month or 24% per annum on overdue accounts.
 The undersigned certifies the above information to be true and affirms that any credit given to him/her is extended upon the basis of such information. First orders will be Cash On Delivery or Visa until credit has been approved (if applicable).*

The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any renewal or extension thereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.

The undersigned further acknowledges that he/she has been informed of Your Company name prevailing terms for repayment of any overdue balances.

Print Name: _____ Position: _____

Signature: _____