**Tri-Arc Gases & Welding Supplies Ltd.**

125 Vondrau Drive Unit 4, Cambridge, Ontario, N3E 1A8 Phone: 519-650-1400 Fax: 519-650-1600

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

# BUSINESS CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Date business commenced |  |
| Company name |  | Sole proprietorship |  |
| Phone | Fax |  | Partnership |  |
| E-mail |  | Corporation |  |
| Registered company addressCity, Province, Postal Code |  | Other HST#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

# BUSINESS AND CREDIT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| City, Province, Postal Code |  | Bank name: |  |
| How long at current address? |  | Primary business addressCity, Province, Postal Code |  |
| Phone |  | Phone |  |
| Fax |  | Account number |  |
| E-mail for Accounts Payable |  | Type of account | Savings  Checking  Other |

# BUSINESS/TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, Province, Postal Code |  | E-mail |  |
| Type of account |  | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, Province, Postal Code |  | E-mail |  |
| Type of account |  | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, Province, Postal Code |  | E-mail |  |
| Type of account |  | Other |  |

# agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Tri-Arc Gases & Welding Supplies Ltd. to make inquiries into the banking and business/trade references that you have supplied.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Name and Title |  | Name and Title |  |
| Date |  | Date |  |