



Note: In order to maintain open account, we require minimum purchases of \$5,000.00 per annum.

DATE: _____

CLIENT CREDIT INFORMATION

Company Name _____
& Address _____

Shipping Address (if different)

Telephone Nbr: _____

Fax Nbr: _____

Type of Business: _____

Business Since: _____

Contacts: _____
(Accts. Pay)

(Purchasing)

Line of Credit Requested: _____

License Nbrs: GST _____

PST _____

References: _____
(Bank)

(Supplier)

(Include Address & Phone/Fax nbrs for all reference)

(Supplier)

Supplier

(Authorized Signature/Title)

Also sign attached Bank Authorization



40 Innovation Drive
Dundas, Ontario L9H 7P3
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Fax 905-847-5366
Toll 866-847-5400
www.sfsintec.biz

**TO ENABLE SFS intec TO COMPLETE THE CREDIT
APPLICATION RECEIVED BY YOUR COMPANY,
PLEASE SIGN BELOW, INDICATING AUTHORIZATION
FOR SFS intec's BANK TO RECEIVE REFERENCE FROM
YOUR BANK ON SFS intec's BEHALF.
PLEASE INDICATE TRANSIT NBR AND ACCOUNT NBR
TO ASSIST YOUR BANK IN COMPLETING REQUEST.**

(Signature) (Date)

Branch Nbr. _____ Transit Nbr. _____

Bank A/C # _____

THANK-YOU

CATHIE GIBBS