



Trace Electric

CREDIT APPLICATION

Trace Fire Protection

COMPANY INFORMATION

Company Name: _____ Owner(s): _____
Address: _____
Phone #: _____
Fax #: _____
Legal Name: _____ Type of Business: Corporation / Proprietorship / Partnership
Years in Business: _____ Premises: Rent / Own
Purchase Order Required? _____ Credit Limit Required? \$ _____

TRADE REFERENCES

List three (3) credit references/firms extending credit at present time

1. Name: _____ 3. Name: _____
Address: _____ Address: _____
City: _____ City: _____
Phone #: _____ Phone #: _____
Fax #: _____ Fax #: _____

2. Name: _____
Address: _____
City: _____
Phone #: _____
Fax #: _____

BANKING INFORMATION

Bank: _____
Address: _____
Contact: _____
Phone #: _____
Account #: _____

TERMS

NET 30 days from invoice date
Overdue accounts subject to 2% per month (24% per annum) carrying charge.

I the undersigned, as an authorized representative of the above shown company, do hereby state that I understand the Credit Terms and agree to comply with them.

NAME & TITLE

SIGNATURE

DATE

Electrical Fire Protection Generator Security

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