

COMMERCIAL CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Legal Company Name:					
Trade Name:					
Phone:		Fax:		E-mail/Website:	
Invoicing Address:					
City:		Province:		Postal Code:	
Shipping Address:					
City:		Province:		Postal Code:	
Date Business Commenced:		Structure of Business:		Sole Proprietor Partnership Corporation Other:	
		(MM/YYYY)			
List Business Principals:					
Accounting Contact:		Phone:		Fax:	
				E-mail Address:	
HST/GST Number		Business Number			

BANKING INFORMATION

Bank Name:			Bank Address:		
City:		Province:		Postal Code:	
			Account Number:		

PRINCIPLE TRADE REFERENCES (3)

* REFERENCES SHOULD BE COMPANIES YOU HAVE PURCHASED FROM REGARDING PRODUCT/SERVICE EXCHANGE

1. Company Name:	City:	Phone:	Fax:
2. Company Name:	City:	Phone:	Fax:
3. Company Name:	City:	Phone:	Fax:

TERMS OF CREDIT

The undersigned consents to the obtaining of credit and/or personal information required at any time in connection with this agreement 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 hereby agrees to pay all accounts when rendered. The undersigned further agrees to pay interest on any overdue balance at the rate of 2% per month. On default the undersigned agrees that all lawyer's and/or agent's costs of recovering the debt are also payable on a solicitor or agent and its own client basis.

The undersigned agrees to ADVANCED MOTION & CONTROLS LTD's payment terms of NET 30 DAYS from date of invoice.

Date: _____ Printed Name: _____
 Authorized Signature: _____ Title: _____

FOR OFFICE USE ONLY

Approved By: _____

Approved Credit Limit: _____ Date: _____