



www.advancedmotion.com Toll Free: 1-800-461-5679 inquiries@advancedmotion.com

COMMERCIAL CREDIT APPLICATION			return to: acco	return to: accounting@advancedmotion.com	
Legal Company Name:					
Trade Name (DBA):					
Phone:	Fax:	Email fo	r invoices:		
Billing Address:	•	•			
City:	Province:		Postal Code:		
Shipping Address:					
City: Province:			Postal Code		
Date Business Commenced:					
Structure of Business:	Sole Proprietor	Partnership	Corporation	Other	
List of Principals:					
Accounts Payable Contact:					
Phone: Fax:			Email:	Email:	
HST/GST/TPS No.:				Business No:	
D&B Account No.:			20.0		
BANKING INFORMATION					
Bank Name:					
Bank Address:					
City:	Province:		Postal Code:		
Account Number:	DDINGIDIE	TDADE DEFENDANCE ***	Currency:		
PRINCIPLE TRADE REFERENCES *** please complete all areas ***					
Company Name:		F			
Phone: Fax:			1.		
A/R Contact: A/R Email:					
Company Name:					
-			ax:		
A/R Contact: A/R Email:					
Company Name:					
Phone: Fax					
A/R Contact: A/R Email:					
TERMS OF CREDIT					
The undersigned is able to bind the Company and consents to obtaining of credit information required at any time in connection with this agreement or any renewal or extension thereof. The undersigned on behalf of the Company further consents to the disclosure of any credit information concerning the Company to any credit reporting agency or to any person with whom the Company has or proposes to have financial relations. The undersigned hereby agrees the Company will pay all accounts when rendered. The undersigned further agrees the Company will pay interest on any overdue balance at the rate of 2% per month. On default, the undersigned on behalf of the Company 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 the date of invoice. Terms exclude robotics, custom orders, and long lead time items. Orders above the limit granted may be required to make payments in advance.					
Date:		Printed Nan	ne:		
Authorized		Title:			
Signature: FOR OFFICE USE ONLY					
Approved By:			Date:		
Approved Credit Limit:					