

ACI Advanced Chargers

29-6033 Shawson Drive, Mississauga, Ontario, Canada, L5T 1H8 FAX: 905-565-0352

CREDIT APPLICATION

Requested Credit Amount		Business Name(Legal Name- As set out on Incorporation or other documents :			
\$					
Operating Names:					
Street Address:					
City:		Province (State)		P.C./Zip	
How long at this address:			How long in Business:		
Telephone: () -			Fax: () -		
Mailing Address if different from above:					
City:		Province (State)		P.C./Zip	
Shipping Address if different from above:					
City:		Province (State)		P.C./Zip	
Type of Business Enterprise(circle) Corporation Partnership Sole Proprietorship					
If Corporation, Corporate number		Date of Incorporation		Place of Incorporation	
Business normally pays from invoice date		10 Days	30 Days	60 Days	Other
Circle					
Purchasing Contact:			Accounts Payable Contact		

TRADE REFERENCES

DO NOT PROVIDE REFERENCES WHICH ARE IN ANY WAY PERSONALLY ASSOCIATED WITH YOUR BUSINESS.

(1) Name:	Account #
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Street Address:

City:	Province (State)	P.C./Zip
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Telephone: () -	Fax: () -
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A/R Contact:	Length of dealings
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(2) Name:	Account #
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Street Address:

City:	Province (State)	P.C./Zip
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Telephone: () -	Fax: () -
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A/R Contact:	Length of dealings
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BANK REFERENCES

Name of Bank	Branch # :
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Address

City:	Province (State)	P.C./Zip
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Telephone: () -	Fax: () -
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Account #	Years at Bank	Contact
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Signature:

Print Name:

Title: _____

Date: _____