



**Norton Electric Corp. (Canada)**

200 Trowers Road, Unit 1, Vaughan, Ontario, L4L 5Z7

Tel: 905-265-2088 Fax: 905-265-2058

**NEW ACCOUNT / CREDIT APPLICATION FORM**

<b>Company Information</b>	Address :
Legal Business Name :	Phone :
Date Business Established :	Fax :
Principal :	<input type="checkbox"/> Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship

**List full names, addresses and titles of contactor:**

Name : \_\_\_\_\_ Position : \_\_\_\_\_ Phone : \_\_\_\_\_

**Bank Information**

Bank Center : \_\_\_\_\_  
Location : \_\_\_\_\_  
Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_  
Contact Name : \_\_\_\_\_ Account # : \_\_\_\_\_

**Trade Information**

1. Company : \_\_\_\_\_ Location : \_\_\_\_\_  
Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_ Contact : \_\_\_\_\_  
How long doing business : \_\_\_\_\_  
Credit Limit : \_\_\_\_\_ Term : \_\_\_\_\_

2. Company : \_\_\_\_\_ Location : \_\_\_\_\_  
Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_ Contact : \_\_\_\_\_  
How long doing business : \_\_\_\_\_  
Credit Limit : \_\_\_\_\_ Term : \_\_\_\_\_

3. Company : \_\_\_\_\_ Location : \_\_\_\_\_  
Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_ Contact : \_\_\_\_\_  
How long doing business : \_\_\_\_\_  
Credit Limit : \_\_\_\_\_ Term : \_\_\_\_\_



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**Please indicate the credit limit and term you are seeking:**

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I hereby certify that all the information given in this application is true and complete. I authorize the holder of this application to contact my bank and any other references provided for the purpose of performing credit verification.

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Signedby :

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Print :

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Position :

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Date :

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**\*\* Please fill up the information and fax back to (905)265-2058. Thank you \*\***