



“Refrigeration and Air Conditioning Professionals”

4340 Dawson Street, Burnaby, B.C., Canada V5C 4B6

Phone: (604) 298-2000 Fax: (604) 421-5858 E-mail: ct@ctcontroltemp.com

APPLICATION FOR CREDIT

Business / Trade Name in Full:	
Business Address:	
City / Province / Postal Code:	
Telephone #:	
Fax #:	
E-Mail:	
Provincial Sales Tax Number:	
Date Established:	
Nature of Business:	
Purchase Order Required:	_____ Yes _____ No

TYPE OF BUSINESS:

- Incorporated Company
- Sole Proprietorship
- Partnership

OWNERS	TITLE	ADDRESS	PHONE

BANK REFERENCES:

BANK	MANAGER	ADDRESS	ACCOUNT

TRADE REFERENCES:

NAME	ADDRESS	PHONE	FAX

This information is furnished solely for the purpose of obtaining credit from CT Control Temp Ltd., and is hereby certified to be true and correct.

We/I do authorize CT Control Temp Ltd. to obtain such credit reports of other information as deemed necessary in connection with this application.

We are / I am aware of the minimum restocking charge of 25% on all goods returned that were supplied correctly, and agrees to supply invoice numbers on all goods returned for credit

The purchaser agrees and acknowledges that CT Control Temp Ltd. will retain title to all products purchased until the product / parts have been paid for in full. The purchaser also agrees to pay all invoices by due date, or pay 2% per month service charge.

We / I warrant and confirm that the information given herein is true and correct and I understand that it is being used to determine my credit responsibility. CT Control Temp Ltd. is authorized to obtain any information you may require, relative to this application from any source to which you may apply and each source is hereby authorized to provide you with such information.

AUTHORIZED SIGNATURE

PRINTED NAME

TITLE

DATE