



NEW CUSTOMER CREDIT APPLICATION – CONFIDENTIAL WHEN COMPLETED

Please supply the following information to open up a new account.

Company Name:			
Date:		Customer #:	

Address

Bill To:	Ship To: (If different than bill to address)
_____	_____
_____	_____
_____	_____

Contacts

Purchasing		Act. Payable	
Name:		Name:	
Phone #:		Phone #:	
Fax #:		Fax #:	
e-mail:		e-mail:	

Taxes (If applicable)

GST #:			
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Nature of Business

Main business activity:				
Estimated annual volume		US\$		CND\$
Credit line requested		US\$		CND\$

Bank Information

Bank Name:		Act. #:	
Address:			
Telephone #:		Fax #:	

Trade References

1	Name:		Contact Name:	
	Address:			
	Telephone #:		Fax #:	
2	Name:		Contact Name:	
	Address:			
	Telephone #:		Fax #:	
3	Name:		Contact Name:	
	Address:			
	Telephone #:		Fax #:	

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH OUR TERMS OF SALE. THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I / WE HEREBY AUTHORIZE EXTREME ABRASIVES TO OBTAIN CREDIT AND FINANCIAL INFOTMATION FROM THE REFERENCES LISTED ABOVE.

_____ DATE	_____ PRINT NAME	_____ SIGNATURE	_____ TITLE
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For Office Use Only

Territory Code	Salesman	Private Label	