



CORPORATE OFFICE

42 Scott St. W.
St. Catharines, ON
T: 905-685-6245
F: 905-685-6397
info@fastek.ca

HAMILTON

240 Nebo Rd. #4
Hamilton, ON
T: 905-387-2977
F: 905-387-2679
hamilton@fastek.ca

BARRIE

551 Bryne Dr. Unit B
Barrie, ON
T: 705-726-5333
F: 705-726-3782
barrie@fastek.ca

www.fastek.ca

CREDIT APPLICATION & AGREEMENT

MUST BE COMPLETED IN FULL

Company's Legal Name _____
"Bill To:" Address _____
Province _____ Postal Code _____
E-mail _____
HST Number _____

Fastek Sales Rep _____
Company's Trade Name _____
City _____
Phone Number _____
Fax Number _____

IF TAX EXEMPT PLEASE SEND A COPY OF THE EXEMPTION FORM.

P.O. Required Yes No

Ship to Address _____
City _____ Province _____ Postal Code _____

State full name and titles of Company Principals. (Home address if Sole Proprietorship/Partnership)

1. Name _____ Title _____
Address _____
2. Name _____ Title _____
Address _____

Type of business: Sole Proprietorship Partnership Limited Company

Year business started _____ Operated under present ownership since _____

Number of years in business _____ Credit limit requested \$ _____

Contact name for Accounts Payable _____ Phone Number _____
E-mail _____

Statement Needed Yes No

Invoices Sent by E-mail Fax Mail

List four main suppliers as references. (Do not include secured creditors or office supply companies)

1. Name _____ Phone _____
Address _____ Fax _____
2. Name _____ Phone _____
Address _____ Fax _____
3. Name _____ Phone _____
Address _____ Fax _____
4. Name _____ Phone _____
Address _____ Fax _____

List bank reference

Bank _____ Phone _____
Address _____ Fax _____
Contact _____ Account Number _____

TERMS: OUR TERMS OF PAYMENT ARE NET 30 DAYS.

The undersigned certifies the above to be true and affirms that any credit given to us is extended upon the basis of such information. The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any removal or extension thereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations. Title of goods shall remain with FASTEK INC. until account is paid in full.

Date _____
DD MM YY

Authorized Signature _____

Title _____

Printed Name _____

PLEASE REMIT ALL PAYMENTS TO FASTEK INC. 42 SCOTT ST. WEST ST. CATHARINES, ON L2R 1C9