

MechTech Credit Application

RR3

Eckville, AB

T0M 0X0

587-594-9070

780-713-9049

www.mechtechparts.com

PLEASE PRINT CLEARLY

Company Name: _____

Credit Amount Requested: \$ _____

Site Address:

Billing Address:

Telephone No.: _____ Fax #: _____

Email: _____

Website: _____

Type of Business:

G.S.T. # _____ Purchase Orders Used: Yes/No

Officers and Partners of Company:

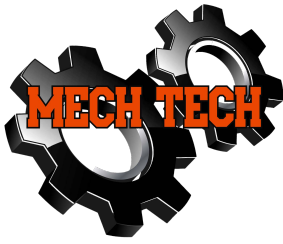
1. _____

2. _____

3. _____

Accounts Payable Supervisor:

_____ Phone: _____



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Trade References:

1. _____

Telephone: _____ Fax: _____

2. _____

Telephone: _____ Fax: _____

3. _____

Telephone: _____ Fax: _____

Financial Reference:

Name of Bank: _____

Branch Transit Number: _____

Account Number: _____

Bank Contact Name: _____

Telephone: _____

I/We the undersigned understand that the terms of payment on our account is NET 30 DAYS from the date of invoice and I/we agree to pay within these terms. After balance is over 90 days, invoice goes to collections. Customer may be responsible for cost of collections fee.

TERMS: Net 30 days. 2% interest charged per month (19% per annum) on overdue accounts.

Date: _____ Signing Officer: _____

Must be a Signing Officer of the Company

Position: _____ Name (Print): _____