

SIGNATURE

Request for Customer Account

1855 Brunet Drive, Windsor, ON N9C 3S2 2836 W. Jefferson, Suite 110, Trenton MI 48183 Email: mgualtieri@tst911.com

Tel: 519-972-8111 Fax: 519-972-8054

Attn: Credit Department

DATE

PLEASE PRINT						
BUSINESS INFORMATION			DESCRIPTION OF BUSINESS			
Common Name			No. of Employees		Requested Credit Limit	
D&B #						
Legal Name			No of Years in Business		Type of Business	
Address			Carrier SCAC Code			
City			☐ Corporation ☐ Partnership			
PR/ST PC/Zip			☐ Divison/Subsidiary ☐ Proprietorship			
Mailing Address			Parent Company How long		ong in business	
City						
PR/ST	PC/Zip		Phone		Fax	
СО	MPANY PRINCIPLES RESP	ONSIE	BLE FOR BUSINESS	TRANSACTIO	ONS	
CEO/President			Phone		Ext	
CFO/Controller			Phone Ext			
Accounts Payable			Phone Ext			
	TRA	DE RE	FERENCES			
Supplier Name	Contact Name		Address	Phone		Fax
	BAN	IK REF	FERENCES			
Name of Bank			Contact Name			
Branch			Address			
Account Number			Telephone			
CONFIRMAT	ION OF INFORMATION AC	CURAC	CY AND RELEASE O	F AUTHORIT	Y TO V	ERIFY
payable 30 days from shipm month, 24% per annum. All paid prior to any claims bein	nces be verified before credi ent date. Terms net 30 days NSF cheques will be subject g processed. If completing t presentative of your compan	s. Over t to a fe his forn	rdue balance will be s ee of fifty dollars (\$50.	ubject to intere	est char t charge	ges of 2% per es must be

TITLE