

Credit Application

BUSINESS CONTACT INFORMATION			
Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	Prov/State:	Postal/ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	Prov/State:	Postal/ZIP Code:	
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:	Prov/State:	Postal/ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:	Prov/State:	Postal/ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:	Prov/State:	Postal/ZIP Code:	
Phone:	Fax:	E-mail:	
AGREEMENT			
<ol style="list-style-type: none"> 1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize AVT Beckett Elevators Ltd. to make inquiries into the banking and business/trade references that you have supplied. 			
SIGNATURES			
Title:		Title:	
Date:		Date:	