



National Plastic Heater
Sensor and Control Inc.

CREDIT APPLICATION FORM

Date: _____

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Legal Business Name: _____

Billing Address: _____

Telephone: _____ **Fax:** _____

Shipping Address: _____

Telephone: _____ **Fax:** _____

Is Business a: Corporation: ___ **Partnership:** ___ **Sole Proprietor:** ___

Age of business: _____

PRINCIPAL OWNERS / SIGNING OFFICERS

Name: _____ **Title:** _____ **Phone:** _____

Name: _____ **Title:** _____ **Phone:** _____

Accounts Payable Contact: _____

Name of Purchasing Agent: _____

TOLL FREE: 1-877-674-9744

Telephone: (905) 859-8225 Facsimile: (905) 859-4691
5839 16th Sideroad, R.R. #1, Schomberg, Ontario, L0G 1T0, Canada



**National Plastic Heater
Sensor and Control Inc.**

BANKING INFORMATION

Account Number: _____ **Account Manager:** _____

Name of Bank: _____ **Branch:** _____

Telephone: _____ **Fax:** _____

TRADE REFERENCES (Current Suppliers)

Name: _____ **Phone:** _____

No. of years doing business: _____ **Fax:** _____

Name: _____ **Phone:** _____

No. of years doing business: _____ **Fax:** _____

Name: _____ **Phone:** _____

No. of years doing business: _____ **Fax:** _____

GST Number: _____ **PST Number:** _____

Federal Tax ID Number: _____

Note: Credit Terms maximum 30 days strictly enforced

Date: _____ **Signature:** _____ **Title:** _____

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