



IPEC DIVISION OF I.P.E.C. INDUSTRIAL CONTROLS LTD.

17-109 Fernstaff Court, Concord, Ontario L4K 3M1

Phone: 905-738-6688 or Toll Free: 1-866-665-7877

Fax: 905-738-6251 www.ipecautomation.com

APPLICATION FOR CREDIT

COMPANY NAME: _____

ADDRESS: _____

CITY, PROVINCE: _____ POSTAL CODE: _____

TELEPHONE NO: _____ FAX NO: _____

PERSON RESPONSIBLE FOR PAYABLES: _____

HST NUMBER: _____ BUSINESS NUMBER: _____

AMOUNT OF CREDIT APPLYING FOR: _____

	TRADE REFERENCE	TELEPHONE NO:	FAX NO:
1			
2			
3			

BANKING INFORMATION:

BANK: _____ ACCOUNT NO: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

The undersigned consents to the obtaining of credit and/or personal information required at any time in connection with this agreement 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. The undersigned hereby agrees to pay all accounts when rendered. The undersigned further agrees to pay interest on any outstanding balance at the rate of 2% per month. On default the undersigned agrees that all lawyer's and/or agent's costs of recovering the debt are also payable.

The undersigned agrees the IPEC INDUSTRIAL CONTROLS payment terms of NET 30 DAYS.

Date: _____ Authorized Signature: _____

Title: _____ Printed Name: _____

FOR OFFICE USE ONLY

Approved by: _____ Date: _____ Approved Credit Limit: _____

**PLEASE FAX THIS FORM BACK TO 905-738-6251
or e-mail to Charlene@ipecautomation.com**