



Toronto
 HEAD OFFICE
 100-55 Renfrew Drive
 Markham, Ontario
 M2H 3B3
 Sales: 905-946-0500
 Fax: 905-946-1900

United States
 SALES, WAREHOUSE &
 DISTRIBUTION CENTER
 600 Riverwalk Parkway
 Tonawanda, NY 14150
 Sales: 716-876-1666
 Fax: 716-871-4030

Calgary
 1925 – 18 Avenue NE
 Suite 115
 Calgary, Alberta
 T2E 6T8
 Sales: 1-800-567-6642
 Fax: 403-255-0449

Montreal
 100 Alexis Nihon Rd.
 Suite 215
 St. Laurent, Quebec
 H4M 2N7
 Sales: 514-748-7942
 Fax: 514-748-7886

Vancouver
 625 Agnes St,
 Suite 103
 New Westminster, B.C
 V3M 5Y4
 Sales: 604-273-2911
 Fax: 604-273-7360

Winnipeg
 975 St. James St.
 Winnipeg, Manitoba
 R3H 0X2
 Sales: 204-783-3105
 Fax: 204-774-7288

CREDIT APPLICATION

COMPANY INFORMATION

COMPANY NAME _____	SHIPPING ADDRESS (if different from Billing Address) _____
BILLING ADDRESS _____	_____
CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____	CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____
TEL _____ FAX _____	TEL _____ FAX _____
NAME OF OFFICES / PRINCIPALS / OWNERS _____	PAYABLE CONTACT _____
_____	PURCHASING AGENT _____
HEAD OFFICE OR PARENT CO. (if applicable) _____	TAX EXEMPT NUMBER _____
_____	ANNUAL SALES _____
LINE OF BUSINESS _____	BILLING CURRENCY <input type="checkbox"/> USD <input type="checkbox"/> CAD
DATE INCORPORATED / LENGTH OF BUSINESS ACTIVE _____	CREDIT LIMIT REQUESTED _____

TRADE CREDIT REFERENCE (3 REQUIRED)

*** PLEASE DO NOT LIST ANY OF THE FOLLOWING AS TRADE PREFERENCES: CUSTOM BROKERS, CREDIT CARD COMPANIES, OFFICE SUPPLY COMPANIES, UTILITY COMPANIES, TRANSPORT & COURIER AND PRINTING COMPANIES**

1. NAME _____	2. NAME _____	3. NAME _____
CONTACT _____	CONTACT _____	CONTACT _____
TEL _____	TEL _____	TEL _____
FAX _____	FAX _____	FAX _____
EMAIL _____	EMAIL _____	EMAIL _____

*** PLEASE ALSO PROVIDE YOUR BANK INFORMATION BELOW**

BANK NAME _____	BRANCH _____	CONTACT _____
TEL _____	ADDRESS _____	

NOTES: (1) IT IS UNDERSTOOD AND AGREED THAT ALL INVOICES WILL BE PAID WITHIN THE TERMS OF NET 30 DAYS AND THAT FAILURE TO DO SO SHALL BE DEEMED SUFFICIENT CAUSE FOR CANCELLATION OF CREDIT.
(2) WE, THE APPLICANTS, AUTHORIZE ELECTRO SONIC INC. TO OBTAIN CREDIT INFORMATION & ALSO AUTHORIZE OUR BANK TO PROVIDE A CONFIDENTIAL CREDIT REPORT

_____	_____	_____
SIGNING OFFICER SIGNATURE	NAME & TITLE (PRINT)	DATE