



# PRIMARY FLUID SYSTEMS INC.

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## APPLICATION FOR CREDIT

**THIS APPLICATION MUST BE COMPLETE IN FULL**

(\* INDICATES MANDATORY INFORMATION)

**ALL INFORMATION PROVIDED IS CONFIDENTIAL**

This application must be received completely filled out and signed before we can consider your application.

\*Registered Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ Prov. /State: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_ \*PC/ZIP: \_\_\_\_\_

\*I.R.S. # \_\_\_\_\_ \*G.S.T. # \_\_\_\_\_ \*P.S.T. # \_\_\_\_\_

Web Address: \_\_\_\_\_

Please provide on Company Letterhead the following information:

•Bank Name and Contact Information

•3-4 Trade References with Phone & Fax Numbers

**\*The following is required for Invoicing:**

Accounts will be processed with the acceptance of invoices by fax or e-mail only.

To avoid duplication problems, there will be no follow up invoice sent by mail.

**\*Name and Phone of Accounts Payable Contact:** \_\_\_\_\_

Please provide and indicate your preference to receive invoices.

### Invoicing Preference

\* **E-mail address** (in accounting department)  \_\_\_\_\_

\* **Fax number** (in accounting department)  \_\_\_\_\_

\* **E-mail address for shipping notification** \_\_\_\_\_

This form has been complete by: \_\_\_\_\_

(Please print name and title)

All information above is true and complete. The applicant agrees to the terms of credit and that all accounts are due and payable within 30 days of the date of the invoice unless otherwise stipulated in writing and that a service charge of 2% per month will be paid by the customer on all amounts over these terms, starting at 60 days.

\*Signature of Signing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please Print Name and Title: \_\_\_\_\_

For office use only:

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

***As an alternative form of payment we also accept VISA, MasterCard, and American Express.***