

347 King Street West, P.O. Box 250
Ingersoll, Ontario
N5C 3K6
Phone: (519) 485-2210
Fax: (519) 485-2163

NEW ACCOUNT APPLICATION
(Please Print)

837 Reuter Road, P.O. Box 100
Port Colborne, Ontario
L3K 5V7
Phone: (905) 834-7211
Fax: (905) 834-5094

GENERAL INFORMATION

DUNS. NO.:

Fed. I.D. NO.:

Full Company Name:

Phone No.:

Address:

City:

Province / State:

Postal Code:

Billing Address if Different from above:

If the above Company is an operating division or subsidiary:

Name of Parent Company:

Address:

LIST TWO COMPANY OFFICERS AND THEIR TITLES:

Chief Financial Officer:

Accounts Payable Supervisor:

Nature of Business:

Type of Organization (check one): Corporation Partnership Sole Proprietor

Date of Business Incorporated: Number of Years in Business:

Types of Products Required: Axles Service Parts Other (Description)

Gross Sales Current Year \$: Last Year \$:

Anticipated Monthly Purchase \$: Initial Order \$:

TRADE REFERENCES

Suppliers Name:	Address:	Fax No. (Area Code) Do Not Use 1-800-Nos.
(1) <input type="text"/>	<input type="text"/>	<input type="text"/>
(2) <input type="text"/>	<input type="text"/>	<input type="text"/>
(3) <input type="text"/>	<input type="text"/>	<input type="text"/>
(4) <input type="text"/>	<input type="text"/>	<input type="text"/>

Bank:

Branch:

Account No.:

Mgr's Name:

CREDIT LINE & TERMS OF PAYMENT

Amount of Credit Required \$: Terms of Payment: "All Accounts are Payable 30 Days from Date of Invoice."

PLEASE ATTACH CURRENT FINANCIAL STATEMENT

Declaration

I acknowledge that in connection with my/out application for credit, I/we hereby consent that IMT conduct and/or cause to be conducted a personal investigation, and if credit is approved, this consent shall be deemed to be a continuing consent during the term of my/out dealings with the said, IMT.

Signed:

Date:

Title:

IMT Salesman: