



HI-TECH FASTENERS

CREDIT APPLICATION FOR A BUSINESS ACCOUNT - Canada

Please return this completed and signed Credit Application to A/R

Email: AR@htfinc.com

Phone: (301) 831-1277 Fax: (301) 358-6493

BUSINESS CONTACT INFORMATION

Company Contact Name (Primary Contact):
Company Name:
Phone: Fax: E-mail:
Bill To Address:
City: Province: Postal:
Date Business Commenced:
Ship-To Address: How long at Current Address:
DUNS #: Tax Province: AB BC MB NB NL NS ON PE QC SK YT Non-Taxable
Sole Proprietorship: Partnership: Corporation: Other: Tax Exemption #:
A/P Contact Name: Phone:
Invoice / Statement Delivery: Email Fax Mail Email:
Purchasing Contact Name: Phone:
Email:

BUSINESS AND CREDIT INFORMATION

Bank Name:
Bank Address: Phone:
City: Province: Postal:
Account #:

BUSINESS / TRADE REFERENCES

Name:
Address:
City: Province: Postal:
Phone: Fax: Email:
Name:
Address:
City: Province: Postal:
Phone: Fax: Email:
Name:
Address:
City: Province: Postal:
Phone: Fax: Email:

AGREEMENT

All invoices are to be paid 30 days from the date of the invoice. Claims arising from invoices must be made within seven working days from date of delivery of product. By submitting this application, you authorize Hi-Tech Fasteners of Canada, Inc. to make inquiries into the banking and business/trade references that you have supplied. Your signature below certifies that the above information is current and accurate. You agree to pay all invoices within terms. In the event the invoices are not paid within terms, you agree to pay: Interest at a rate of 1-1/2% per month (18% Per Year) and any costs incurred by Hi-Tech Fasteners of Canada, Inc. in collection of monies due, including collection fees, attorney fees, court costs, etc.

SIGNATURE

Signature: Date:
Printed Name: Title: