COMPANY NAME:

ADDRESS:

PHONE NUMBER:

FAX NUMBER:

YEARS IN BUSINESS:

NATURE OF BUSINESS:

WEBSITE:

CREDIT REFERENCES **(3 TRADE REFERENCES ONLY)**:

1. BANK NAME:       ADDRESS:

TELEPHONE:      

FAX NUMBER:

2. COMPANY NAME:       TELEPHONE:

CONTACT NAME:       FAX NUMBER:

ADDRESS:       EMAIL:

3. COMPANY NAME:       TELEPHONE:

CONTACT NAME:       FAX NUMBER:

ADDRESS:       EMAIL:

4. COMPANY NAME:       TELEPHONE:

CONTACT NAME:       FAX NUMBER:

ADDRESS:       EMAIL:

PURCHASING CONTACT:

ACCOUNTS PAYABLE CONTACT:         
ACCOUNTS PAYABLE FAX NUMBER:

ACCOUNTS PAYABLE E-MAIL ADDRESS:         
GST/HST #

I AUTHORIZE YOU TO CONDUCT THE NECESSARY CREDIT VERIFICATIONS IN ORDER TO OPEN AN ACCOUNT WITH KNAPP FASTENERS INC., AND AGREE TO PAY IN FULL ACCORDANCE WITH THE TERMS 2% 10, NET 30 DAYS.

NAME:       **PREFERRED INVOICE METHOD**

TITLE:       EMAIL

SIGNATURE: FAX

DATE: MAIL

Knapp Fasteners Inc. 520 Boxwood Drive Cambridge, ON N3E 0A6 Tel: (519) 653-4558 Fax: 519-653-0318