

# Stor-it Systems LTD.

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## CUSTOMER PROFILE/ APPLICATION FOR CREDIT

Company Name: _____	Head Office: <input type="checkbox"/>	Branch Office: <input type="checkbox"/>	No. of Employees: _____
Division: _____			
Address: _____	City: _____	Prov.: _____	Postal Code: _____
Purchasing Agent: _____	Accounts Payable Supervisor: _____		
Phone: ( ) _____	Fax: ( ) _____	E-Mail: _____	
Type of Business: _____			

### APPLICATION FOR CREDIT

(All of the following questions must be answered IN FULL for consideration to be given to this application)

Legal Entity: Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Established Since: _____
GST/HST #: _____	Credit desired: _____		

LIST OF OFFICERS/CONTACTS	PHONE NUMBER
President: _____	( ) _____
Vice President: _____	( ) _____
Secretary-Treasurer: _____	( ) _____
Purchasing Agent: _____	( ) _____

Bank Name: _____	Branch Address: _____
City: _____	Province: _____ Postal Code: _____
Contact Name: _____	Phone: ( ) _____

### LIST THREE TRADE REFERENCES (Complete in full)

Name: _____	Address: _____	Phone: ( ) _____
City: _____	Province: _____	Postal Code: _____ Fax: ( ) _____
Name: _____	Address: _____	Phone: ( ) _____
City: _____	Province: _____	Postal Code: _____ Fax: ( ) _____
Name: _____	Address: _____	Phone: ( ) _____
City: _____	Province: _____	Postal Code: _____ Fax: ( ) _____

PLEASE PRINT		FOR OFFICE USE ONLY			
Name: _____		Account #: _____			
Position: _____		Credit \$ _____			
Signature	Day	Month	Year	Authorized By	Date