

Name/Address

Company name:		Email:	
Address:		Phone:	
City:	State/Prov.	Zip/Postal Code:	

Company information

Owner(s) name(s):	
Name and address of your affiliated bank:	
Monthly credit requested:	Number of years in business:
Company purchaser's name:	Number of employees:
Company AP manager name:	Contractor license number :
Sale tax number (G.S.T.) :	(P.S.T.) :

References

Name & contact of supplier (1) :
Name & contact of supplier (2) :
Name & contact of supplier (3) :

To my knowledge, the above form has been completed with true and accurate information. I hereby authorize Venus Fire Protection Ltd, to whom this application is submitted to obtain credit reports or other information as may be deemed necessary. I am also aware that further information, such as terms of sale shall be provided by Venus Fire Protection Ltd and agreed upon by both parties prior to opening an account.

SIGNATURE:

TITLE:

DATE:

Please return the form via fax : 1-819-820-8002 or email : sales@venus.ca

Thank you,

Venus Fire Protection

4105 Portland blvd. Sherbrooke, Quebec, Canada J1L 1X9

web: venus-fire.com email: sales@venus.ca

office: 1-819-820-8000 fax: 1-819-820-8002