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APPLICATION FOR CREDIT

COMPANY NAME: _____
OWNER/PRESIDENT: _____
CONTACT: _____
ADDRESS: _____
CITY: _____ STATE/ZIP CODE: _____
PHONE: _____ FAX: _____
FEDERAL ID #: _____
TYPE BUSINESS: _____
OF YEARS IN BUSINESS: _____ CREDIT AMOUNT REQUIRED: _____
BUSINESS BANK: _____
BRANCH/ADDRESS: _____
ACCOUNT #: _____

CREDIT REFERENCES

NAME: _____	PHONE: _____
ADDRESS: _____	FAX: _____
NAME: _____	PHONE: _____
ADDRESS: _____	FAX: _____
NAME: _____	PHONE: _____
ADDRESS: _____	FAX: _____

In connection with my application for credit, I authorize Thaler Metal Industries, Ltd., to obtain and exchange personal information with any personal information agents towards establishing or verifying financial standing.

OUR TERMS ARE NET 30 DAYS; OVERDUE ACCOUNTS ARE SUBJECT TO A 2.5% SURCHARGE.

SIGNED IN AGREEMENT:

Authorized Representative

Date