

Company Name: _____

Mailing Address: _____

Tel: _____ Fax: _____

Sole Proprietorship: Partnership: Registered:

GST Registration No.: _____ PST Registration No.: _____

Amount of Monthly Credit Required: \$

Bank Name: _____ Account No.: _____

Address: _____

In-charge of Account: _____ Tel. No.: _____

Address of Accounting Dept.: _____

(If different from above) _____

Person in charge of Accounting Department: _____

Tel: _____ Fax: _____

Credit References (Please complete in full).

1 Company: _____

Address: _____

Contact: _____

Tel: _____

Fax: _____

2 Company: _____

Address: _____

Contact: _____

Tel: _____

Fax: _____

3 Company: _____

Address: _____

Contact: _____

Tel: _____

Fax: _____

WE AGREE TO PAY techniCAL Systems.....
CREDIT TERMS OF NET 30 DAYS FROM INVOICE DATE.

(Terms Net 30 days: Service Charge of 2% per month
(26.82% per annum) on overdue amounts).

PRINT NAME: _____

TITLE: _____

SIGNATURE: _____

FAX. NO.: _____

To avoid delay in processing this order, please ensure that each item is fully
completed and return this form to the Attention of the Accounting Department

Internal Use Only

Approved: Yes No Limit: \$

Notes: _____

Signature _____

Date: _____

