

Customer Credit Application Form

Province/State	Address Street		City	
Would you like your invoices emailed? Y N Email Address Billing Address Street City Province/State Postal Code Country Phone Number Federal Tax ID Number Type of Business Years in Business Principals Title Credit amount requested Acct. Payables Phone Number Email Address Financial Information Name of Bank Address Street City Postal Code Country Phone Number Fax Number Account Number Account Manager Credit References Company Name Contact Address Street Frovince/State Postal Code Country Phone Number Fax Number Email Address Company Name Contact Address Street Frovince/State Postal Code Country Phone Number Email Address Company Name Contact Address Street Frax Number Email Address Company Name Contact Address Street Fostal Code Country Phone Number Fax Number Email Address Company Name Contact Address Street Frovince/State Postal Code Country Phone Number Fax Number Email Address Company Name Contact Address Street Forwince/State Postal Code Country Province/State Postal Cod	Province/State	Postal Code	Country	
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Please ensure that all information is filled in correctly to ensure an accurate and timely credit reference check.	Signing Officer	Signature	Date	
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Please return the completed form By email or fax to Melanio Santiago (mel.santiago@gvs-vci.com or 905-761-7917)	Please ensure that all informati	on is filled in correctly to ensure an accura	te and timely credit reference check.	

Guide Valve Limited * 51 Terecar Dr. Unit #1 * Vaughan * ON * L4L 0B5 * T 905-761-7877 * F 905-761-7917 * www.gvs-vci.com

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