



INDUSTRY LEADERS
IN WIPING RAGS

WWW.SALTEX.CA >>>

49 RIVALDA ROAD UNIT #2, NORTH YORK, ONTARIO, M9M 2M4, CANADA | TEL. 416.748.8197 | FAX. 416.748.8631

Date:
Company Name:
Mailing Address:
City: Province: Postal Code:
Telephone Number: () Fax Number: ()
Shipping Address (if different from above):
Owner/Partner or Officer: Position:
Owner/Partner or Officer: Position:
Nature of Business:
Ownership: Partnership: Limited Company: Sole Proprietorship:
Date Business Started/Incorporated: Present Ownership Since:
Bank Name: Contact:
Address: City:
Phone: () Fax Number: ()

TRADE REFERENCES

Name: Phone: ()
Address: Fax: ()
Name: Phone: ()
Address: Fax: ()
Name: Phone: ()
Address: Fax: ()
Credit Limit Required: \$

I/We the undersigned certify the above information to be correct. I/We hereby authorize the Bank and Trade References listed in this application to release the information necessary to assist Saltex Inc. in establishing a credit account. I/We agree that should anytime the account become overdue, I/We agree to pay a 2% per month (24% per annum) service charge to Saltex Inc. and further agree I/We will assume full responsibility for any costs incurred, including legal fees, for collection of the account by Saltex Inc.

DATE: SIGNATURE:
PRINT NAME: TITLE:

FOR OFFICE USE ONLY

Application Approved: Date:
Approved By: