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APPLICATION FOR CREDIT

COMPANY NAME:	
OWNER/PRESIDENT:	
CONTACT:	
ADDRESS:	
CITY:	PROVINCE/POSTALCODE:
PHONE:	FAX:
PST EXEMPTION #:	GST #:
TYPE BUSINESS:	
# OF YEARS IN BUSINESS:	CREDIT AMOUNT REQUIRED:
BUSINESS BANK:	
BRANCH/ADDRESS:	
ACCOUNT #:	
<u>C</u>	REDIT REFERENCE
NAME:	PHONE:
ADDRESS:	
NAME: ADDRESS:	FRONE.
ADDRESS.	
NAME:	PHONE:
ADDRESS:	FAX:
	authorize Thaler Metal Industries, Ltd., to obtain and exchange personal nts towards establishing or verifying financial standing.
OUR TERMS ARE NET 30 DAYS; OVERDUE	E ACCOUNTS ARE SUBJECT TO A 2.5% SURCHARGE.
SIGNED IN AGREEMENT:	
Authorized Representative	Date