

How did you hear about us? _____

Confidential Credit Application Form

Acrolab Ltd

IN CANADA:
7475 Tran by Ave.
Windsor, ON N8S 2B7

IN USA:
1423 Franklin, Unit F143
Detroit, MI 48207

Toll Free in North America:
Ph: 1 800 265 9542
Fax: 1 800 465 9674

Legal Business Name: _____
 Account No: _____ GST# _____ PST# _____ IRS# _____
 Other Trade Name(s): _____ (for US Applications)
 Bill To Address: _____
 City: _____ Province/State: _____ Postal/Zip Code: _____
Telephone: () _____ **Fax:** () _____
 Ship To Address: _____
 City: _____ Province/State: _____ Postal/Zip Code: _____
Telephone: () _____ **Fax:** () _____
 Credit Amount: \$ _____
 Accounts Payable Contact: _____ Direct Line: _____ Fax: _____

Principal(s) / Officer(s)			
Name:	Title:	% Ownership:	
Name:	Title:	% Ownership:	
Name:	Title:	% Ownership:	

BUSINESS INFORMATION

Year Business Started: _____ Year Present Ownership Started: _____

Industry: Plastic Rubber Other

Type of business: (Choose the one that best describes your activities)					
<input type="checkbox"/> Processor	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Agri/Food	<input type="checkbox"/> Automotive	<input type="checkbox"/> Electronics	
<input type="checkbox"/> Engineering	<input type="checkbox"/> Fuel Cell	<input type="checkbox"/> Medical	<input type="checkbox"/> Moldmaker	<input type="checkbox"/> Government	
<input type="checkbox"/> OEM	<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Packaging	<input type="checkbox"/> Prototyping	<input type="checkbox"/> R&D	<input type="checkbox"/> Resaler

Total Employees: _____ Own premises Rent premises
 Size of premises(sqft) _____ Annual Sales: _____

BANK REFERENCE

Name of Bank: _____ Account# _____ Ph: _____
 Contact: _____ Branch Loc: _____
 City: _____ Province/State: _____

Supplier References:

COMPANYNAME	TELEPHONE	FAX	E-AWL

CANADIAN APPLICANTS PLEASE PROVIDE PST EXEMPTION CERTIFICATE

I agree to the terms and conditions contained on the reverse side of the agreement.

Date: _____ Signature: _____ Name & Title: _____

OFFICE USE ONLY	Date: _____
Class I D:	PL RB MM DIS OEM AGR MED AUT IND
Tax Schedule I D:	S-GST S-PST&GST EXEMPT
Approved: <input type="checkbox"/>	Approved with modified limit: <input type="checkbox"/> \$ _____ C.O.D. only: <input type="checkbox"/>

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Terms and Conditions:

I understand and agree to the following terms:

1. Accounts are for charges of \$1 00.00 or more. Purchases less than \$1 00.00 are due in advance or must be authorized by a credit card (VISA, MC, AMEX)
2. Accounts are due and payable 30 days from the date of the invoice in respect of goods purchased.
3. Service Charge of 2.5% per month (30% per annum) will apply on the amount of any overdue account.
4. A return number must be obtained from Acrolab Ltd. prior to returning any product. A credit will not be issued without a return number. Returns may be subject to a restocking charge.
5. Changes of address will be provided to Acrolab Ltd. as soon as they are official.
6. In the event of any dispute, the applicable law with respect to enforcement and interpretation of all dealings in this and any ensuing agreements entered into between my/ourselves and Acrolab Ltd., shall be the laws of The Province of Ontario. Notwithstanding any statutory enactment to the contrary, I/We shall be considered to be doing business in The Province of Ontario.
7. Acrolab Ltd. is permitted to obtain, in strictest confidence, credit reports and references necessary to determine credit status. These reports will be for the sole use of Acrolab Ltd.

Company Name: _____

Signature: _____

Name/Title: _____
(Please Print)

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