

Please print your name: _____

Manufacturer and Supplier Of Control Systems

57 Pippy Pl. St. John's, NL A1B 4H8

Company Information

Phone: (709) 738-4048

Fax: (709) 738-4052

www.controlpro.ca

Credit Application

Company Name:	Contact Person:	
Address:	Business #:	
City:	Province	: Postal Code:
Phone:	Fax:	Email:
Type of Business:		Year Business Opened:
Amount of Credit Requested:		-
Bank Reference		
Bank Name:		Account #:
Address:		
Contact Person:	Phone :	Date Account Opened:
Trade References		
Company Name:		Contact Person:
Address:		
Phone:	Fax:	Email:
Company Name:		Contact Person:
Address:		
Phone:	Fax:	Email:
if such account is submitted to a collect undersigned individual who is either a her individual credit history may be a f	ction authority, to pay an additi principal of the credit applicant factor in the evaluation of the c	d, and in the event of default in the payment of any amount due, and onal charge equal to the cost of collection including court costs. The or a sole proprietorship of the credit applicant, recognizing that his or redit history of the applicant, hereby consents to and authorizes the med business credit grantor, from time to time as may be needed, in
Company:		Date:
Signature:		Title: