

Tradex Information Technology Inc.

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NEW ACCOUNT & CREDIT APPLICATION FORM

Sales Representatives' Name: _____

Term Request: _____ Amount Request: _____

Company Name: _____ Contact Person: _____

Tel: (____) _____ Fax: (____) _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Shipping Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____ Company Website: _____

Vendor Permit# : _____ Years in Business: _____ No. Of Employees: _____

Corporation () Organization () Partnership () Proprietorship ()

BANK INFORMATION FOR AUTHORIZATION:

Bank Name: _____ Checking account: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: (____) _____ Fax: (____) _____ Contact Person: _____

TRADE REFERENCE:

1. Company name: _____ Contact Person: _____

City: _____ Province: _____ Postal Code: _____

Tel: (____) _____ Fax: (____) _____

2. Company name: _____ Contact Person: _____

City: _____ Province: _____ Postal Code: _____

Tel: (____) _____ Fax: (____) _____

3. Company name: _____ Contact Person: _____

City: _____ Province: _____ Postal Code: _____

Tel: (____) _____ Fax: (____) _____

Signature: _____ Title: _____ Print Name: _____