

CREDIT APPLICATION - COMMERCIAL ACCOUNTPlease return via Fax: (888)876-7982, or E-mail: mailyne@nospillsystems.com

BUSINESS CONTACT INFORMATION			
Title:			
Company Name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	Province:	Zip:	
Date business commenced:			
Type of business (circle one):	Proprietorship	Corporation	Other:
BUSINESS AND CREDIT INFORMATION			
Primary Business address:			
City:	Province:	Zip:	
Telephone:	Fax:	E-mail:	
GST#:	PST#:	HST:	
Accounts Payable Contact:			
Phone Number:	Ext:	Email:	
BUSINESS/TRADE REFERENCES			
1- Company name:			
Address:			
City:	Province:	Zip:	
Phone:	Fax:	E-mail:	
Contact name:			
2- Company name:			
Address:			
City:	Province:	Zip:	
Phone:	Fax:	E-mail:	
Contact name:			
3- Company name:			
Address:			
City:	Province:	Zip:	
Phone:	Fax:	E-mail:	
Contact name:			
AGREEMENT			
1 -	All invoices are to be paid 30 days from the date of the invoice		
2 -	By submitting this application, you authorize No-Spill Systems Canada to make inquiries into the banking and business/trade references that you have supplied.		
3 -	All payments are to be mailed to: No-Spill Systems Unit 5 - 12 McGillivray Place Winnipeg, MB R3T 1N4		
SIGNATURES			
Signature:		Signature:	
Name (please print):		Name (please print):	
Title:		Title:	
Date:		Date:	