

# ADMAX LASER TECH

## CREDIT APPLICATION FROM

**Head Office:** 3068 FINCH COURT  
COQUITLAM, BC  
V3E 3E3 CANADA

**Phone:** 604-945-0279

**Fax:** 604-945-0250

**e-mail:** jasanghee@shaw.ca

**Retail Store:** #111-3200 WESTWOOD STREET  
PORT COQUITLAM, BC V3C 6C7  
CANADA

**Phone:** 604-942-5577

**Fax:** 604-945-0250

**e-mail:** jasanghee@shaw.ca

### For Office Use Only

**Sales Rep:**

**Phone:**

Please provide your ADMAX LASER TECH Customer's Number if you have assigned one before:

AMX

**Legal Company Name:**

**Trade Name:**

**Address:**

**City:**

**Province:**

**Postal Code:**

**Phone:**

**Fax:**

**Email Address:**

### Mail Invoice / Accounts Payable

**Contact:**

**Address:**

**Phone:**

**Fax:**

**Email Address:**

### Officers

**President / Owner:**

**Address:**

**Phone:**

**Fax:**

**Email Address:**

**Secretary:**

**Phone:**

**Fax:**

**Phone:**

**Email Address:**

Company Type	
<input type="radio"/> Sole Proprietor <input type="radio"/> Partner Ship <input type="radio"/> Corporation	
<b>Year in Business:</b>	<b>Business Registration Number:</b>
<b>PST Number:</b>	<b>Office:</b> <input type="radio"/> Owned <input type="radio"/> Rent

Bank References	
<b>Name of your Bank:</b>	<b>Contact:</b>
<b>Address:</b>	
<b>Phone:</b>	<b>Fax:</b>
<b>Account Number:</b>	

Trade References		
<b>Company Name:</b>		
<b>Address:</b>		
<b>Contact:</b>	<b>Phone:</b>	<b>Fax:</b>

<b>Company Name:</b>		
<b>Address:</b>		
<b>Contact:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Company Name:</b>		
<b>Address:</b>		
<b>Contact:</b>	<b>Phone:</b>	<b>Fax:</b>