

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 | |
| Year in Business: | Business Registration Number: |
| PST Number: | Office: <input type="radio"/> Owned <input type="radio"/> Rent |

| Bank References | |
|---------------------------|-----------------|
| Name of your Bank: | Contact: |
| Address: | |
| Phone: | Fax: |
| Account Number: | |

| Trade References | | |
|----------------------|---------------|-------------|
| Company Name: | | |
| Address: | | |
| Contact: | Phone: | Fax: |

| | | |
|----------------------|---------------|-------------|
| Company Name: | | |
| Address: | | |
| Contact: | Phone: | Fax: |
| | | |
| Company Name: | | |
| Address: | | |
| Contact: | Phone: | Fax: |