



GENERAL INFORMATION:

Legal Company Name: _____
Affiliate Company Name (if any): _____
GST No.: _____
Corporate Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: _____ Fax: _____
Accounts Payable Contact: _____
Accounts Payable Email: _____ Tel: _____

BUSINESS INFORMATION:

Type of Ownership: _____
Nature of Business: _____
Years in Business: _____ No. of Employees: _____
Credit Requested: \$ _____
Ship to Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: _____ Fax: _____
Authorized Purchaser: _____
Authorized Purchaser Email: _____ Tel: _____

BANK INFORMATION:

Name of Bank: _____ Transit No.: _____ Account No. _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: _____ Fax: _____
Account Manager: _____

TRADE REFERENCES:

No.	Company Name	City	Telephone	Fax
1.				
2.				
3.				
4.				

- **APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO FACILITATE PROCESSING**
- I make this application for a credit account and give Cascade Flow Control Solutions authorization to obtain and report business information and credit information of this company through the services of Groupecho Canada for the purposes of opening this account and monitoring it for this business relationship.
- All orders are subject to Cascade Flow Control Solution's Terms & Conditions: <http://www.cascadeflow.ca/terms-conditions/>

Applicants Name: _____
Signature: _____ Date: _____