



**- MOTION CONTROL-**

**CREDIT APPLICATION**

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DATE:

COMPANY NAME:

ADDRESS:

BILLING ADDRESS IF DIFFERENT:

TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

COMPANY PERSONNEL:

GENERAL MANAGER: \_\_\_\_\_

CONTROLLER: \_\_\_\_\_

ACCOUNTS PAYABLE: \_\_\_\_\_

PROVINCIAL TAX No. \_\_\_\_\_ FEDERAL TAX No. \_\_\_\_\_

IRS No. \_\_\_\_\_

CREDIT REFERENCES:

COMPANY NAME: ADDRESS: TELEPHONE:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

COMPANY BANK: ADDRESS: TELEPHONE:

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_

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\*PLEASE NOTE: PQ Systems Ltd. Terms of Payment are net 30 days. We reserve the right to charge up to 2% per month interest on all overdue amounts.

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