

## HEAT TRANSFER PRODUCTS LTD.

12012-44th St. S.E. Calgary, AB, Canada T2Z 4A2 **Tel:** 403-259-2691 **Fax:** 403-252-2784 duralite.net

Controlled

## **Charge Air Coolers · Radiators**

**BILLING INFORMATION** 

## Credit Application

COMPANY NAME ("COM	IPANY"):			
BILL TO ADDRESS:				
CITY:		PROVINCE/ STATE:		POSTAL/ ZIP CODE:
TELEPHONE:		FAX:	E-MAIL:	
FEDERAL EIN/ GST NUM	1BER:			
SHIP TO INFORMATION				
SHIP TO ADDRESS: (if d	ifferent than above)			
COMPANY AND CREDIT	<u>INFORMATION</u>			
CORPORATION:		_ SOLE PROPRIETOR:		PARTNERSHIP:
NUMBER OF EMPLOYE	ES: YEARS IN BUS	INESS: ACCOUNTS	PAYABLE CONTACT NAME:	
ACCOUNTS PAYABLE TELEPHONE: ACCOUNTS PAYABLE E-MAIL:				
NAME AND ADDRESS C	F BANK:			
TELEPHONE:		FAX:	E-MAIL:	
BANK CONTACT:		ACC	COUNT NUMBER:	
CREDIT REFERENCES:	(please list your four largest supp	oliers)		
1)		TELEPHONE:	E-MAIL: _	
2)		TELEPHONE:	E-MAIL: _	
3)		TELEPHONE:	E-MAIL: _	
4)		TELEPHONE:	E-MAIL: _	
EACH OF THE COMP CREDIT IS TRUE ANI SUCH INFORMATION PROPRIETORSHIP) S ARE NET 30 DAYS. C DURA-LITE MAY HAV EXECUTING THIS AP THE AUTHORITY TO COLLECTION AND U determine the financial credit and other financial and references.	O CORRECT, AND ACKNOWN.  I. SHOULD CREDIT BE OF THE COMMENT OF THE	NED HEREBY AFFIRMS THAY WLEDGES THAT DURA-LITE GRANTED, THE COMPANY OR PAYMENT OF ALL PRESE LD OR CANCELLED IF DURA IENT. AGING OF RECEIVAB HE UNDERSIGNED IS ACCE MENT ON BEHALF OF THE CO undersigned hereby allows Durovide credit services to the co	HEAT TRANSFER PRODU (OR UNDERSIGNED, IN TAIL NT/FUTURE DEBTS, OWIN- LITE'S TERMS CANNOT E LES WILL BE CALCULATE PTING THESE TERMS ANI OMPANY AND HAS THE F Ta-Lite, from time to time, to mpany, contact the credit re	REIN GIVEN FOR THE PURPOSE OF OBTAINING UCTS LTD. ("DURA-LITE") WILL BE RELYING ON THE CASE OF THE COMPANY BEING A SOLE IG TO DURA-LITE. DURA-LITE PAYMENT TERMS BE MET, IN ADDITION TO ANY OTHER REMEDIES ID FROM INVOICE DATE. BY COMPLETING AND CONDITIONS AND REPRESENTS THAT IT HAS POWER TO BIND THE COMPANY.  See the information above to send to credit bureaus, ferences and other contacts listed above and collect sole proprietor, the undersigned from such contacts
AUTHORIZED NAME AN	D TITLE		AUTHORIZED SIGNATURE _	

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