



ROTEX

5145 STEELES AVE W., C-2 TORONTO, ON M9L 1R5
TEL: 416.650.1999 | FAX: 416.650.1998 | T.F.: 866.310.7888
www.rotexsupply.com

Date: _____

Company Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: () _____ Fax Number: () _____

Shipping Address (if different from above): _____

Owner/Partner or Officer: _____ Position: _____

Owner/Partner or Officer: _____ Position: _____

Nature of Business: _____

Ownership: Partnership Limited Company Sole Proprietorship

Date Business Started/Incorporated: _____ Present Ownership Since: _____

Bank Name: _____ Contact: _____

Address: _____ City: _____

Telephone Number: () _____ Fax Number: () _____

Invoice by: Mail Fax Email

Accounts Payable Contact Name: _____

Credit Limit Required: _____

TRADE REFERENCES

- Name: _____ Address: _____
Telephone Number: () _____ Fax Number: () _____
- Name: _____ Address: _____
Telephone Number: () _____ Fax Number: () _____
- Name: _____ Address: _____
Telephone Number: () _____ Fax Number: () _____

I/We the undersigned certify the above information to be correct. I/We hereby authorize the Bank and Trade References listed in this application to release the information necessary to assist Rotex Supply Inc. in establishing a credit account. I/We agree to pay all invoices within thirty (30) days from date of invoice unless otherwise agreed upon, and to pay a 2% per month (24% per annum) on all overdue amounts. I/We will assume full responsibility for any costs incurred, including legal fees, for collection of the account by Rotex Supply Inc.

DATE: _____ SIGNATURE: _____

PRINT NAME: _____ TITLE: _____

FOR OFFICE USE ONLY

Application Approved Date: _____

Approved By: _____