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CUSTOMER CREDIT APPLICATION FORM

Date: _____
Customer Name: _____
Street Address: _____
City: _____ Province/State: _____ Postal Code/Zip Code: _____
Tel #: _____ Fax #: _____
G.S.T. # or FED ID. # _____ P.S.T.# _____

Owners, Partners & Officers

Name:	Position:
1. _____	_____
2. _____	_____
3. _____	_____

Business Information:

Date Established: _____ Bank Name: _____
Nature of Business: _____ Bank Address: _____
Accounts Payable Contact: _____ Tel: _____
Purchaser Contact: _____ Tel: _____

Trade References

Name:	Province/State	Phone#:	Fax#:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Statement:

**It is understood and agreed that all invoices will be paid within the terms of Net 30 Days.
No return shipments accepted without Iconopower Limited authorization number.**