



BUSINESS INFORMATION

| BUSINESS NAME | PRIMARY CONTACT NAME | | | |
|----------------|----------------------|-----|------------------|-------------|
| | | | | |
| | | | | |
| ADDRESS | CITY | | PROVINCE | POSTAL CODE |
| | | | | |
| | | | | |
| MAIN TELEPHONE | | FAX | | |
| | | | | |
| | | | | |
| HST# | GST# | | YEARS IN BUSINES | SS |
| | | | | |
| | | | | |

| BANKING INFORMATION | | | |
|----------------------|---------|-----|----------|
| BANK NAME | ADDRESS | | BRANCH # |
| | | | |
| BANKING CONTACT NAME | | TEL | |
| | | | |

REFERENCES*

| SUPPLIER NAME | CONTACT NAME | CONTACT 1 | TEL |
|---------------|--------------|-----------|-------------|
| | | | |
| | | | |
| ADDRESS | CITY | PROVINCE | POSTAL CODE |
| | | | |
| | | | |
| SUPPLIER NAME | CONTACT NAME | CONTACT 1 | TEL |
| | | | |
| | | | |
| ADDRESS | CITY | PROVINCE | POSTAL CODE |
| | | | |
| | | | |
| SUPPLIER NAME | CONTACT NAME | CONTACT 1 | TEL |
| | | | |
| | | | |
| ADDRESS | CITY | PROVINCE | POSTAL CODE |
| | | | |
| | | | |



*The information will remain confidential and be used strictly for credit purposes.

CONDITIONS OF SALE

TERMS: the payment terms are net 30 days.

Orders under \$1000 will be subject to \$90 freight charge.

Orders greater than \$1000 will be subject to a 0.0075% fuel surcharge

Minimum order amount of \$300.

DAMAGE/SHORTAGES: if any damages or shortages occur, they must be reported within 24 hours from the time of shipment.

RETURNS: no product(s) may be returned without a Return Merchandise Authorization (RMA) number provided by Gertex Solutions.

| NAME | SIGNATURE |
|-------------------------|-----------|
| | |
| | |
| CREDIT AMOUNT REQUESTED | DATE |
| | |
| | |

| OFFICE USE ONLY | |
|------------------|-------------|
| ACCOUNT DIRECTOR | APPROVED BY |
| | |
| | |