



CF ROTEX INC.

7040 - 68 AVENUE, EDMONTON, ALBERTA T6B 3C5

SUPERIOR PRODUCTS EXCEPTIONAL SERVICE

CREDIT APPLICATION

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: _____

Phone: () _____ Fax Number: () _____

TRADE REFERENCES

Name: _____ Phone: () _____

Address: _____ Fax: () _____

Name: _____ Phone: () _____

Address: _____ Fax: () _____

Name: _____ Phone: () _____

Address: _____ Fax: () _____

Credit Limit Required: \$ _____

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 CF Rotex Inc. in establishing a credit account. I/We agree that should anytime the account become overdue, I/We agree to pay a 2% per month (24% per annum) service charge to C.F. Rotex Inc. and further agree I/We will assume full responsibility for any costs incurred, including legal fees, for collection of the account by C.F. Rotex Inc.

DATE: _____ SIGNATURE: _____

PRINT NAME: _____ TITLE: _____

FOR OFFICE USE ONLY

Application Approved: Date: _____

Approved By: _____

TEL:	780.465.0637
FAX:	780.468.0044
CALGARY:	403.236.1242

PAPER PRODUCTS	JANITORIAL SUPPLIES	INDUSTRIAL WIPING CLOTHS
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