

Company Name

GST #

Main Address

City

Province

Postal Code

Telephone

Fax

Purchaser Contact

Purchaser E-mail

Accounts Payable
Contact

Accounts Payable E-mail

Ship-to Address Same as above

Ship-to Address

City

Province

Postal Code

Telephone

Fax

Ship-to Contact

Ship-to E-mail

*** Please attach a list of alternate ship-to locations if applicable*

Nature of business

Industry served

Years in business

No. of Employees

Credit limit
requested

How did you hear
about us?

Outside sales call

Web site search for product

Customer referral

Manufacturer referral

Other

Bank

Account No.

Contact

Telephone

Fax

CREDIT APPLICATION

TRADE REFERENCES

Company Name

Address

City

Province

Postal Code

Telephone

Fax

Company Name

Address

City

Province

Postal Code

Telephone

Fax

Company Name

Address

City

Province

Postal Code

Telephone

Fax

AUTHORIZATION

Thank you for your interest in opening an account with Cascade Flow Control Solutions. All orders are subject to Cascade FCS [Terms and Conditions](#).

Please sign, date and return this form to Michelle Gleason, General Manager (michelle@cascaedeweb.ca) or to your Cascade Sales Representative.

Signature

Name

Title

Date