



36 Lee Centre Drive Unit 1501
Toronto, Ontario, M1H 3K2
Phone: (416) 898-0854
Fax: (647) 346-7336
Email: info@axisautomation.ca

Company or Trade Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone () _____ Fax: () _____

Years In business _____ Nature of Business: _____

Number of Employees: _____

Purchasing Contact: _____ Title: _____

Maintenance/Engineering Contact: _____ Title: _____

Accounts Payable Contact: _____ Phone: _____

Are You Exempt From Provincial Sales Tax (PST) NO YES Exemption# _____

How Would You Like to Receive Your Invoices: Mailed Faxed

Do You Require Monthly Statements: NO YES

Estimated Monthly Purchases: _____ Amount of Credit Requested: _____

Purchase Orders Are Required On all Orders: NO YES

Principals In Company:

1. Name: _____

2. Name: _____

3. Name: _____

Credit References:

Please Provide (1) Bank & (3) Supplier References.

Bank: _____ Branch Account# _____

1. Company: _____ Phone: _____ Fax: _____

2. Company: _____ Phone: _____ Fax: _____

3. Company: _____ Phone: _____ Fax: _____

We/I hereby consent Axis Automation to conduct a credit history; to acquire our bank and credit information for the sole purpose of their credit department. We/I understand that upon credit approval, all accounts are due and payable according to the terms indicated on the statements and invoices; any overdue balances will be subject to a 2% per month service charge.

Signature: _____ Print Name: _____ Position: _____