

22 Topsail Court, Bedford N.S. B4B 1K5

APPLICATION FOR CREDIT

Registered Name of Company:			
Trade Name of Company:			
HST Number:			
Billing Address:			
Shipping Address (If Different):			
Telephone:			
Accounts Payable Contact	Telephone:		
Email:			
	TJ Electri	c Banking info:	
Tra	nsit # <u>54203</u> Institute	#004 Account <u>0160-52553</u>	<u>13</u>
Bank: <u>T</u>	D Canada Trust - 1785	Barrington St, Halifax, NS B	<u>3J 0B2</u>
Type of Business:	How long in	Business: years	
Monthly Credit Limited Desired:			ed? Yes□ No□
,		s of Company	
Name	Address	Telephone	Email
Bank:	_	Reference	
Address:			
Contact:			
		redit Reference	
Name	Address	Telephone	Email
1		•	
2			
The undersigned hereby authorizes T.J. account. The customer also agrees that accounts. All accounts to be paid in full	a service charge of 2%	per month, 24% per annum, w	
I understand this agreement as set out terms as listed above.	above and personally g	uarantee that the account will	be paid within the specified
Name (Please Print):	Si	gnature:	
Dated:	V	Vitness:	

PHONE: 1-902-835-4840 FAX: 1-902-835-5544 http://www.tjelectric.ca E-MAIL: accounting@tjelectric.ca