

VISCO SYSTEMS INC.

5620 - 76 Avenue
Edmonton, Alberta T6B 0A6

CREDIT APPLICATION

DATE: _____

COMPANY NAME: _____

BILLING ADDRESS: _____ POSTAL CODE: _____

SHIP TO ADDRESS: _____ POSTAL CODE: _____

TELEPHONE #: _____ FAX #: _____

DIRECTOR (S) NAME (S): _____ TITLE: _____

NO. OF YEARS IN OPERATION: _____ GST NO.: _____

BANK NAME & ADDRESS: _____

CONTACT NAME: _____ PHONE #: _____

OUR TERMS ARE 2% 15 DAYS, NET 30 DAYS. CAN YOU MEET THESE TERMS? _____

IF NO, PLEASE EXPLAIN: _____

CREDIT REFERENCES: (PLEASE LIST 3 MAJOR SUPPLIERS)

COMPANY NAME: _____ CONTACT NAME: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

COMPANY NAME: _____ CONTACT NAME: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

COMPANY NAME: _____ CONTACT NAME: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

AUTHORIZED SIGNATURE: _____

Name: _____ Title: _____
