



6-1020 Brevik Place
 Mississauga, Ontario
 Canada L4W 4N7
 Tel: 905-624-9090
 Fax 905-624-8020
 Toll Free: 1-888-515-5885
 Email: valves@neovalves.com

NEW ACCOUNT FORM

Date _____

Name of Customer _____

Billing Address _____

City/Province/State _____ Postal/Zip _____

Ship to: _____

City/Province/State _____ Postal/Zip _____

Telephone: _____ Fax: _____

P.S.T. No. _____ Credit Limit Required \$ _____

Type of Products in which you are most interested _____

Anticipated Annual Purchases \$ _____

Ownership: Corporation Partnership Proprietorship
 Other _____

Full Name & Title of Owner (s) Or Authorized Officer _____

In Business as above since _____

Former Business name, if any _____

Bank Information: Bank Name _____

Branch Address _____

Account No. _____ Branch Manager _____

TRADE REFERENCES

3 CREDIT REFERENCES : (GIVE ONLY NAMES OF THOSE YOU BUY FROM)

1) Name: _____

Address: _____

Telephone: _____ Fax: _____

2) Name: _____

Address: _____

Telephone: _____ Fax: _____

3) Name: _____

Address: _____

Telephone: _____ Fax: _____

OFFICE USE

DISCOUNT _____ ACCOUNT NO. _____

TERMS _____ APPROVED BY _____

CREDIT LIMIT _____ APPROVED BY _____

SALESMAN/AGENT _____