**Master Machine**
(WINDSOR) LTD. SINCE 1977
ISO 9001:2000 Registered

2155 Blackacre Drive
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Canada N0R 1L0
Ph: (519) 737-6111
Fx: (519) 737-1736

**Web:** www.mastermachineltd.com **Email:** email@mastermachineltd.com **FTP:** ftp.mastermachineltd.com

**CREDIT APPLICATION**
**PLEASE COMPLETE AND SIGN THIS DOCUMENT AND RETURN BY FAX TO (519) 737-1736**

BUSINESS NAME _____

ALSO KNOWN AS _____

PARENT COMPANY OR AFFILIATE _____

MAILING ADDRESS _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

PHONE NUMBER _____ FAX NUMBER _____

SHIPPING ADDRESS _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

OFFICERS, PARTNERS, OR OWNERS (PLEASE USE ADDITIONAL SHEETS IF REQUIRED) ADDITIONAL SHEETS ATTACHED YES___ / NO___

NAME _____ TITLE _____

NAME _____ TITLE _____

IRS # (U.S. CUSTOMERS ONLY) _____

PRIMARY BUSINESS TYPE _____

CREDIT LIMIT REQUESTED _____ PURCHASE ORDER REQUIRED YES ___/ NO ___

OPERATING SINCE ____/____/____ # OF EMPLOYEES _____ PREMISE OWNED _____ / LEASED _____

BANKING INFORMATION _____ _____
NAME OF INSTITUTION PHONE NUMBER

_____
STREET ADDRESS CITY PROVINCE POSTAL CODE

BANK OFFICER _____

G.S.T.# _____ P.S.T. # _____ P.S.T. EXEMPT YES_____ / NO_____

*** NOTE: ALL APPLICABLE TAXES WILL BE CHARGED UNLESS EXEMPTIONS ARE SUPPORTED BY A VALID CERTIFICATE OF EXEMPTION ON FILE ***

A/P CONTACT _____ TEL # _____ FAX # _____

PURCHASING CONTACT (1) _____ TEL # _____ FAX # _____

TITLE _____ EMAIL _____

PURCHASING CONTACT (2) _____ TEL # _____ FAX # _____

TITLE _____ EMAIL _____

**TERMS AND CONDITIONS:**

IN CONSIDERATION OF MASTER MACHINE EXTENDING CREDIT TO THE APPLICANT, THE APPLICANT AGREES TO PAY THE ACCOUNT OUTSTANDING NET 30 DAYS FROM THE DATE OF PURCHASE.

IT IS AGREED THAT ALL PURCHASES MADE BY THE APPLICANT, OR IN THE APPLICANTS NAME, SHALL BE SUBJECT TO THE TERMS OF THIS AGREEMENT, AND SHALL BE DEEMED PART OF EACH BILL OF SALE, ANY ALTERATION OR AMENDMENT TO THIS CREDIT APPLICATION OR ITS TERMS AND CONDITIONS NEED TO BE EXPRESSLY GIVEN IN WRITING, SIGNED BY THE APPLICANT AND ACCEPTED BY MASTER MACHINE. ALL PERSONAL INFORMATION IS COLLECTED, USED AND DISCLOSED IN ACCORDANCE WITH APPLICABLE LEGISLATION AND MASTER MACHINE PRIVACY CODE AND CUSTOMER POLICY.

YOU HEREBY CONSENT TO SUCH COLLECTION, USE AND DISCLOSURE OF YOUR PERSONAL INFORMATION TO ANY THIRD PARTY WHERE SUCH DISCLOSURE IS NECESSARY FOR THE PURPOSES OF CREDIT APPROVAL.

_____
COMPANY NAME

_____
AUTHORIZED SIGNATURE

_____
NAME PRINTED

_____
TITLE

_____
DATE

**TRADE REFERENCES**

1) BUSINESS NAME _____

MAILING ADDRESS _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

PHONE NUMBER _____ FAX NUMBER _____

2) BUSINESS NAME _____

MAILING ADDRESS _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

PHONE NUMBER _____ FAX NUMBER _____

3) BUSINESS NAME _____

MAILING ADDRESS _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

PHONE NUMBER _____ FAX NUMBER _____

**INTERNAL NOTES:**