

<b>BUSINESS CONTACT INFORMATION</b>			
Title		Date Business Commenced	
Company Name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone   Fax			
E-mail			
Registered Company Address, City Postal Code			
<b>BUSINESS AND CREDIT INFORMATION</b>			
City, State, Postal Code		Bank Name	
How many years residing at current address?		Primary Business Address, City, State, Postal Code	
Phone		Phone	
Fax		Account Number	
E-mail		Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
<b>BUSINESS/TRADE REFERENCES</b>			
Company Name		Phone	
Address		Fax	
City, State, Postal Code		E-mail	
Type of Account		Other	
Company Name		Phone	
Address		Fax	
City, State, Postal Code		E-mail	
Type of Account		Other	
Company Name		Phone	
Address		Fax	
City, State, Postal Code		E-mail	
Type of Account		Other	
<b>AGREEMENT</b>			

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 7 business days.
3. By submitting this application, you authorize Veroboard Tech Inc. to make inquiries into the banking and business/trade references that you have submitted.

<b>SIGNATURE</b>		
Name and Title	Signature	Date

Dear customer, to pay by cheque for an invoice, **Please PAY TO THE ORDER OF Veroboard Tech Inc.** Please mention your invoice number on the memo.