

# Technomedic Inc.

# Credit Application Form

Please complete this form and fax to (416) 745-8901 or email to [technomedic@bellnet.ca](mailto:technomedic@bellnet.ca)

## Legal Business Name:

Address:	City:	Prov:	Postal:
Phone.	Fax		

Corporation  Partnership  Proprietorship  Other

Name of Owners/Directors:

Accounts Payable Contact Name:

## Bank References

Bank Name:	Account #:	Transit #	
Contact Name:	Phone:	Fax:	
Address:	City:	Prov:	Postal:

**A Valid Credit Card Name:**

**Card #**

**Exp. Date**

## Trade references

Company Name:			
Address:	City:	Prov:	Postal:
Contact Name:	Phone:	Fax:	
Company Name:			
Address:	City:	Prov:	Postal:
Contact Name:	Phone:	Fax:	
Company Name:			
Address:	City:	Prov:	Postal:
Contact Name:	Phone:	Fax:	

I/We expressly consent to Technomedic Inc. to obtain any reports containing credit or personal information that is required in obtaining credit from Technomedic Inc. I/We declare that the information given on this application is true and accurate in every aspect. This declaration is made for the purpose of obtaining credit from Technomedic Inc. and will remain confidential.

Signature

Position

Date