Accu Electric Motors Inc.

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CREDIT APPLICATION		
Name Of Company:		
Address:		
Mailing Address:		
Telephone:	Fax:	
Type of Business:		
☐ Corporation	Partnership	Individually Owned
Years In Business:		
Names & Addresses of Principal or Officers	s:	
Three (3) Credit References (complete addr	ess, phone number, fax number):	
Banking Reference:		
PST Number (attach PST exemption form in	f applicable) :	
I, hereby certify that the above informati	on is true and correct to the best	of my knowledge and belief.
Name:	Signature:	
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