

**LORENTCO**Email Address: [Sales@lorentco.com](mailto:Sales@lorentco.com)**CUSTOMER APPLICATION & PROFILE FORM \*\*PLEASE PRINT\*\***

Fax: 519-653-7744

ALL INFORMATION WILL BE KEPT IN THE STRICTEST CONFIDENCE. THANK YOU FOR DOING BUSINESS WITH LORENTCO

Operating Company Name: \_\_\_\_\_

Registered Company Name: \_\_\_\_\_

Contact Name/Purchaser: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is the Company  Corporation  Proprietorship  Partnership

Date that Business started: \_\_\_\_\_

PST Number (attach copy of permit): \_\_\_\_\_

Authorized Purchaser's Name: \_\_\_\_\_ Company Owner's name: \_\_\_\_\_

Contact in Accounts Payable: \_\_\_\_\_

Total number of employees \_\_\_\_\_ Total number of branches (if applicable): \_\_\_\_\_

Branch Address: \_\_\_\_\_ City: \_\_\_\_\_ Tel: \_\_\_\_\_ Contact: \_\_\_\_\_

Branch Address: \_\_\_\_\_ City: \_\_\_\_\_ Tel: \_\_\_\_\_ Contact: \_\_\_\_\_

Branch Address: \_\_\_\_\_ City: \_\_\_\_\_ Tel: \_\_\_\_\_ Contact: \_\_\_\_\_

Trade References (please fill out completely):

Name of Company: \_\_\_\_\_ Address: \_\_\_\_\_ Length of business: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Address: \_\_\_\_\_ Length of business: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Address: \_\_\_\_\_ Length of business: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Bank References:

Bank: \_\_\_\_\_ Branch Address: \_\_\_\_\_

Contact/Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Account #: \_\_\_\_\_ Branch #: \_\_\_\_\_ Authorized line of credit (in dollar amount): \_\_\_\_\_

Date account started: \_\_\_\_\_ (if less than one year; add additional references)

Bank: \_\_\_\_\_ Branch Address: \_\_\_\_\_

Contact/Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Account #: \_\_\_\_\_ Branch #: \_\_\_\_\_ Authorized line of credit (in dollar amount): \_\_\_\_\_

Date account started: \_\_\_\_\_ Is this account still active?  Yes  NoTerms of Delivery and Insurance:

All goods are sold F.O.B. our dock in Kitchener, Ontario. All goods are normally shipped with Insurance via the carrier. If your own company insurance includes goods in transit, you may wish to instruct us now not to arrange insurance for your shipment. Your company then assumes full responsibility for the goods once they leave our dock.

 Do not arrange insurance / Do not declare the value of goods Arrange insurance / Declare the value of goods

I (We) certify that the above information is true and correct.

I (We) agree to pay all invoices according to LORENTCO Standard terms and conditions.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_