



**QUALITY PLATES & PROFILES LIMITED**

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R.R. #3

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Telephone: (519) 837-4000

Fax No: (519) 837-2227

**ISO 9001:2000 REGISTERED**

**CLIENT CREDIT APPLICATION**

**PLEASE COMPLETE ALL SECTIONS AND RETURN A.S.A.P. BY FAX TO  
OUR CREDIT DEPARTMENT (519) 837-2227**

**LEGAL COMPANY NAME**

FULL NAME: \_\_\_\_\_

IN BUSINESS SINCE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

P.S.T. #: \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

TEL. #: \_\_\_\_\_

FAX #: \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_

(IF DIFFERENT \_\_\_\_\_

(REQUIRED)

FROM ABOVE) POSTAL CODE \_\_\_\_\_

SHIP VIA: \_\_\_\_\_

PURCHASING AGENT: \_\_\_\_\_

TEL. #: \_\_\_\_\_

FAX #: \_\_\_\_\_

A/P CONTACT: \_\_\_\_\_

TEL. #: \_\_\_\_\_

FAX #: \_\_\_\_\_

**REFERENCES**

**COMPANY NAME**

**TELEPHONE #**  
(PLEASE INCLUDE AREA CODE)

**FAX #**  
(PLEASE INCLUDE AREA CODE)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FOR OFFICE USE ONLY**

DATE: \_\_\_\_\_

CUSTOMER NO.: \_\_\_\_\_

ADD NEW CUSTOMER:

SALESMAN: \_\_\_\_\_

MODIFY EXISTING CUSTOMER:

TERRITORY: \_\_\_\_\_

CUSTOMER TYPE: \_\_\_\_\_

TERMS OFFERED: \_\_\_\_\_

ENTERED BY: \_\_\_\_\_