ROBINSON CONTROLS INC

6830 – 42 St NW, Edmonton, AB Canada T6B 3C9
Sales & Service Tel (780) 435-5195 Fax (780) 434-7887
Accounting Tel (780) 469-7000 Fax (780) 450-4545

CREDIT APPLICATION

COMPANY INFORMATION

Company Name _____ ( ) Telephone _____ ( ) Fax _____

Address _____ City _____ Province _____ Postal Code _____

Type of Business _____ Year Started _____ **Corporation, Partnership or Proprietorship (circle one)**

Name of Principal _____ Position _____

Name of Principal _____ Position _____

Accounts Payable Contact _____ Position _____

BANK REFERENCE

Name of Bank _____ Account Manager _____

Location _____ Telephone _____

TRADE REFERENCES (with terms of net 30 or less)

Company Name	Company Name	Company Name
Location	Location	Location
Telephone # Fax#	Telephone # Fax #	Telephone # Fax #

I understand that the terms of credit extended by Robinson Controls Inc. are NET 30 DAYS, meaning that payment is to be received by Robinson within 30 days of the date of invoice. **Your signature is your agreement to pay within the terms outlined.** I affirm that the information contained herein is true and correct; and consent is hereby given to derive credit information from whatever sources deemed to be necessary.

Authorized Signature _____ **Date** _____

Print Name _____ **Position** _____