

**voestalpine Thermo-Tech**A Sales Division of  
voestalpine High Performance Metal Ltd

Account Number: \_\_\_\_\_

2645 Meadowvale Blvd.  
Mississauga, ON L5N 7Y4

Telephone: 800 - 665 - 8335

Fax: 905 - 812 - 9231

**Please Fax****Completed Application and  
Tax Exempt Certificate to:****905 - 812 - 9231****APPLICATION FOR CREDIT***Please check all that apply:*

- Proprietorship     Partnership     Corporation F.E.I.N. # \_\_\_\_\_ (# required)  
 Taxable     Tax-Exempt (Please attach copy of your form **and** number or we must charge tax.)

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

Address: \_\_\_\_\_

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

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

Ship To Address (If different from above): \_\_\_\_\_

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

Website Address: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

**Officers, Partners, Owners**

(1) Name: \_\_\_\_\_ Title: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Person(s) Responsible for Payment**

Controller: \_\_\_\_\_ Direct Line/Ext: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Direct Line/Ext: \_\_\_\_\_

**Business References**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Company Industry Information**

Industry: (e.g. Automotive, Recycling, Aerospace)    Segment: (e.g. Cold Work, Hot Work, Plastic, Other)

Main : \_\_\_\_\_ Main : \_\_\_\_\_

Secondary : \_\_\_\_\_ Secondary : \_\_\_\_\_

Tertiary : \_\_\_\_\_ Tertiary : \_\_\_\_\_

**Agreement (Signature Required Below)**

The applicant agrees that the extension of credit shall be subject to the following:  
*Terms are that which are stated on the invoices. All amounts are due in accordance with stated terms. Past due balances are subject to an annual service charge of 18%. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant. The undersigned hereby authorizes the above named companies to release information requested on the applicant.*

\_\_\_\_\_  
Authorized Signature\_\_\_\_\_  
Title\_\_\_\_\_  
Datevoestalpine  
ONE STEP AHEAD.