



Credit Application

“FILL OUT AND RETURN TO MANUS ABRASIVE SYSTEMS INC.”

Company Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Age of Company: _____ Type of Business: _____

Principles Name: _____ Position: _____

Company Bank: _____ Branch: _____

Telephone Number: _____

Accounts Payable Email Address: _____

Do You Prefer Emailed Invoices? Yes No

Trade References

(Please do not use Couriers, Freight Companies or Brokerage Firms)

Name: _____ Telephone #: _____

Address: _____ FAX: _____

Name: _____ Telephone #: _____

Address: _____ FAX: _____

Name: _____ Telephone #: _____

Address: _____ FAX: _____

References prefer to do credit checks via fax so please complete all fields

Credit Limit Requested: _____

Please Note: Our terms are NET 30 DAYS of invoice date

Signed: _____ Print: _____

Position: _____ Date: _____