

REX POWER MAGNETICS

Division of Transfactor Industries Inc.
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CREDIT APPLICATION FORM

Please complete this credit application and return it to **Rex Power Magnetics**.

FULL LEGAL NAMES *	
TRADE STYLE (if used)	
OWNER(S) NAME(S)	
STREET ADDRESS * CITY, STATE/PROVINCE * ZIP/POSTAL CODE * COUNTRY *	
EMAIL ADDRESS *	
TELEPHONE NUMBER	
FAX NUMBER	
BILLING ADDRESS (if different)	
PERSON(S) RESPONSIBLE FOR PAYMENT	
NUMBER OF YEARS IN BUSINESS	
NUMBER OF EMPLOYEES *	
ESTIMATED PURCHASE REQUIREMENT	
SUBSIDIARY/DIVISION/AFFILIATION	
Tax/GST/HST/Fed Id. No. *	
ARE TRANSFORMERS FOR RESALE, OWN * USE or OTHER? Provide details if Other.	
CREDIT LIMIT DESIRED	
PAYMENT PATTERN	
BANKING INFORMATION * <i>Name & branch location address</i>	
MAJOR SUPPLIER -01 <i>Name & phone number</i>	
MAJOR SUPPLIER -02 <i>Name & phone number</i>	
MAJOR SUPPLIER -03 <i>Name & phone number</i>	

I, the undersigned, hereby certify that the above information about the said organization is correct and permit **Rex Power Magnetics** to further verify this information to their current standards.

Name _____ Title _____

Signature _____ Date _____

*** Required Field**

Please use additional material if necessary to provide additional information.