

280 – 3605 Gilmore Way
 Burnaby, BC V5G 4X5 Canada
 t. (604) 873-2797
 e. accounting@douglaslightingcontrols.com

| | |
|-----------------|-------------------|
| Company Address | |
| Company Name | _____ |
| Contact Name | _____ |
| Address 1 | _____ |
| Address 2 | _____ |
| City | _____ Prov. _____ |
| Postal Code | _____ Tel. _____ |

| | |
|-----------------|-------------------|
| Billing Address | |
| Company Name | _____ |
| Contact Name | _____ |
| Address 1 | _____ |
| Address 2 | _____ |
| City | _____ Prov. _____ |
| Postal Code | _____ Tel. _____ |

| | | |
|---------------------|------------------------------------|--|
| Company Information | Estimated Line of Credit required: | If affiliated with other companies, provide name and location: |
| PST # _____ | _____ | _____ |
| GST/HST # _____ | _____ | _____ |
| DnB # _____ | _____ | _____ |

| | |
|------------------|-------------|
| Company Officers | |
| Name _____ | Title _____ |
| Name _____ | Title _____ |
| Name _____ | Title _____ |

| | |
|--------------------------|-------|
| Accounts Payable Contact | |
| Name | _____ |
| Tel. | _____ |
| Email | _____ |

| | |
|------------------|------------|
| Bank Information | Contact |
| Bank _____ | _____ |
| Branch _____ | Tel. _____ |

| | | |
|------------------------|------------------------|------------------------|
| Trade Reference 1 | Trade Reference 2 | Trade Reference 3 |
| Supplier _____ | Supplier _____ | Supplier _____ |
| Contact _____ | Contact _____ | Contact _____ |
| Address _____ | Address _____ | Address _____ |
| City _____ Prov. _____ | City _____ Prov. _____ | City _____ Prov. _____ |
| Tel. _____ | Tel. _____ | Tel. _____ |
| Email _____ | Email _____ | Email _____ |

| | |
|--|--|
| Terms of Sale | I am signing officer of the company who has read the Terms of Sale and Consent Clause and am able to agree by these terms. |
| Payment due in full 30 days from date of invoice. Interest on overdue accounts will be charge at the rate of 1.5% per month. | Name (print) _____ |
| Consent Clause | Title _____ Date _____ |
| I hereby authorize Douglas Lighting Controls, Inc. to obtain credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or any other direct business requirement. | Signature _____ |

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Customer # _____
Company Name _____
Contact Name _____
Address 1 _____
Address 2 _____
City _____ Prov. _____
Postal Code _____ Tel. _____

RELEASE OF BANKING INFORMATION

Bank / Chequing: _____
Address: _____
Phone / Fax: _____ / _____ Contact: _____
Account Number (S): _____
Money Market / Savings: _____
Bank / Loan: _____
Address: _____
Phone: _____ Contact: _____
Account Number (S): _____
Secured With: _____

I am signed onto the above listed checking accounts and/or loan. I authorize release of all pertinent information to Douglas Lighting Controls.

Signature _____ Date _____