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Rebuilt to a Much Higher Standard

Credit Application & New Client Form

Legal Company Name _____

Contact Person _____

Phone _____ Fax _____

Email _____ Web _____

Bill to _____ Ship to _____

VISA/MC # _____ Name on Card _____ Exp Date _____

Complete this portion if applying for Credit:

Number of years in Business _____ Employees: _____

Accounting Information:

Bank Name _____ Officer _____

Address _____ Phone _____

Fax _____ Account # _____

Trade References:

1. Company Name _____ Contact _____

Address _____ Phone _____

2. Company Name _____ Contact _____

Address _____ Phone _____

3. Company Name _____ Contact _____

Address _____ Phone _____

The undersigned hereby agrees to pay within EfcO's terms of "NET 30 Days". Overdue accounts will accrue compounding interest of 2% per month on any unpaid balances.

Signing Officer _____ Date _____

Please Print Name _____

Please complete, sign and fax to 519.448.4599 or email to info@efco.ca. *Thank You for your business!*