MESCO ELECTRONICS LIMITED

1332 HAMMOND STREET, NORTH BAY, ONTARIO P1B 2J3
PHONE 705-476-1343 FAX 705-476-5928
E-MAIL info@mescoelectronics.com

APPLICATION FOR CREDIT ACCOUNT

Date of Application:		·	 .
Full Company Name:		Head Office or Parent Co.	
Mailing Address:			
Telephone #: Fax#:			
Name of Principal Offic	ers/Owners:		
Type of Business:		Name & Address of Bank:	
In Business Since:	·	Tel #:	Contact:
PST Exempt: [] Yes [Exemption No.:] No		
Please List Three Trad	e References:		•
1. Company Name	1. Company Name		3. Company Name
Address	Address		Address
City, Prov	City, Prov		City, Prov
Phone #	Phone #		Phone #
Fax#	Fax #		Fax#)
Authorized Signature		Name	& Title