

New Star Flow Control Ltd.
9822-44 Avenue NW
Edmonton AB, Canada T6E 5E5
Ph: 780-433-7098
www.newstarflowcontrol.com

CREDIT APPLICATION



BY:

NAME OF FIRM OR INDIVIDUAL	
ADDRESS & YEARS AT ADDRESS	
CITY / PROVINCE OR STATE & POSTAL CODE OR ZIPCODE	
PHONE NUMBER	
DUN & BRADSTREET NUMBER	

OWNERSHIP:

CORPORATION		PARTNERSHIP		INDIVIDUAL	
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1.	NAME(S) OF PRINCIPAL(S)		COMPLETE ADDRESS		PH:	
2.	NAME(S) OF PRINCIPAL(S)		COMPLETE ADDRESS		PH:	
3.	NAME(S) OF PRINCIPAL(S)		COMPLETE ADDRESS		PH:	

BANK:

NAME OF BANK	
ADDRESS	
CITY / PROVINCE OR STATE POSTAL CODE OR ZIPCODE	
PHONE NUMBER	

TRADE REFERENCES:

1.	BUSINESS NAME		COMPLETE ADDRESS		PH:	
2.	BUSINESS NAME		COMPLETE ADDRESS		PH:	
3.	BUSINESS NAME		COMPLETE ADDRESS		PH:	
4.	BUSINESS NAME		COMPLETE ADDRESS		PH:	

ACCOUNTS PAYABLE INFO:

CONTACT PERSON		PH:	
EMAIL ADDRESS		FAX	

SIGNATURE	
PRINT NAME	
TITLE	
DATE	

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.