



Integra Adhesives Inc.

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_____ The Surfacing Industry Adhesive Specialists _____

CONFIDENTIAL CREDIT AGREEMENT

Date: _____

The following information is provided for the purpose of extending credit to our company. The information contained herein is, to the best of our knowledge, accurate and may be relied upon for credit decision purposes. We hereby authorize our bank and suppliers to provide you with any information you deem necessary to complete your evaluation of our credit worthiness and to establish a credit limit sufficient to maintain our account in good standing.

Name: _____ Signature: _____ Title _____

Standard Terms are Net 37 days from Invoice date to allow for transit time Extended Terms Request

Company Name _____ Contact: _____

Billing Address _____ City _____

State/Prov _____ Zip/Postal Code _____ Fed ID # _____

Phone: _____ Fax: _____

Shipping Address (same as above) Street _____ City _____ State _____ Zip _____

Type of Business _____ Corporation Proprietorship Partnership LLC other

If Incorporated: State/Prov of Incorporation _____ Year _____

Accounts Receivables Contact: _____ E-Mail _____

Purchasing Contact: _____ E-Mail _____

Bank _____ Account Number _____

Address _____ City _____

State/Prov _____ FAX # _____

Contact _____ Telephone _____

Trade References:

Company _____ Telephone _____

Address _____ FAX # _____

Company _____ Telephone _____

Address _____ FAX # _____

Company _____ Telephone _____

Address _____ FAX # _____

Please provide fax numbers if possible.

Office Use Only: Date Received: _____ Credit Limit \$ _____ Approved by _____