



Recon Controls Ltd.
Unit 7-1832 King Edward Street
Winnipeg, MB R2R 0N1
P: (204) 774-8388
F: (204) 783-7959
E: sales@reconcontrols.ca

CREDIT APPLICATION

FULL NAME OF COMPANY: _____
ADDRESS OF COMPANY: _____
MAILING ADDRESS (if different from above): _____
POSTAL CODE: _____ TELEPHONE #: _____ FAX#: _____
EMAIL ADDRESS: _____
DATE BUSINESS COMMENCED: _____ PST #: _____ GST #: _____

PRINCIPAL OFFICERS	NAME & ADDRESS
1:	_____

2:	_____

NAME OF FINANCIAL INSTITUTE: _____
ADDRESS OF FINANCIAL INSTITUTE: _____

CREDIT REFERENCES

COMPANY NAME: _____
ADDRESS: _____
TELEPHONE #: _____ FAX#: _____ EMAIL: _____

COMPANY NAME: _____
ADDRESS: _____
TELEPHONE #: _____ FAX#: _____ EMAIL: _____

COMPANY NAME: _____
ADDRESS: _____
TELEPHONE #: _____ FAX#: _____ EMAIL: _____

AMOUNT OF MONTHLY CREDIT REQUESTED: \$ _____

***ALL INVOICES ARE TO BE PAID 30 DAYS FROM DATE OF INVOICE**



Recon Controls Ltd.
Unit 7-1832 King Edward Street
Winnipeg, MB R2R 0N1
P: (204) 774-8388
F: (204) 783-7959
E: sales@reconcontrols.ca

By submitting the attached credit application and signing below, you authorize:

Recon Controls Ltd.
Unit 7-1832 King Edward Street
Winnipeg, MB R2R 0N1
P: (204) 774-8388
F: (204) 783-7959
E: sales@reconcontrols.ca

To make inquiries into the business/trade references that you have supplied.

YOUR COMPANY NAME: _____	
YOUR COMPANY ADDRESS: _____	
SIGNATURES	
_____	_____
PRINT NAME: _____	PRINT NAME: _____
TITLE: _____	TITLE: _____
DATE: _____	DATE: _____

Please send application and authorization back by FAX: (204)783-7959 or EMAIL: sales@reconcontrols.ca