

6541 Derry Road  
#20041  
Milton, ON L9T 7W0



Send Form To:  
905-593-1615 (fax)  
hello@therathermcanada.com

## BUSINESS PARTNERSHIP APPLICATION

### BUSINESS CONTACT INFORMATION

Contact Name & Title:

Company name:

Phone: Fax: E-mail:

Registered company address:

City: State: ZIP Code:

Date business commenced:

Sole proprietorship: Partnership: Corporation: Other:

### BUSINESS AND CREDIT INFORMATION

Primary business address:

City: State: ZIP Code:

How long at current address?

Telephone: Fax: E-mail:

Bank name: Contact:

Bank address: Phone: Fax:

City: State: ZIP Code:

Type of account Account number

Savings

Checking

Other

### BUSINESS/TRADE REFERENCES

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

### AGREEMENT

Claims arising from invoices must be made in writing within seven working days.

1. By submitting this application, you authorize to make inquiries into the banking and business/trade references.
2. All invoices are to be paid 30 days from the date of the invoice. Unpaid invoices are subject to additional 1.5% fees per month.
3. Responsible parties agree to assume all reasonable expenses incurred should the account have to be referred for collections to an Agency and or an Attorney.

### SIGNATURES

Title: Date: Title: Date: