



F.K. MACHINERY LIMITED

INDUSTRIAL MROP SUPPLIES & SOLUTIONS SINCE 1946



NEW ACCOUNT & CREDIT APPLICATION

Incorporated Name: _____

Date: _____

Operating Name: _____

Ship to address: _____

Billing Address: _____

Telephone : _____

Fax: _____

FKM will be emailing your invoice - please provide e-mail address:

Principal Owner: _____

Estimated Monthly Purchase: _____

Corp. ___ Incorp. ___ Part. ___ Individual ___

A/P Contact: _____

A/P Phone: _____

Year Established: _____

A/P e-mail: _____

Nature of Business: _____

Payment by Invoice _____ or Statement _____

Seasonal, Year-round, etc. _____

Cheque run Cycle: _____

Peak Season: _____

(weekly, monthly, set date, etc.)

Slow Season: _____

Amount of Credit Requested: _____

Bank Name: _____

Purchasing Contact: _____

Account Manager: _____

Purchasing Phone: _____

Phone: _____

Purchasing e-mail: _____

Address: _____

2% interest on overdue accounts

Supplier Business References: credit currently extended

Signature: _____

Name: _____

Title: _____

Address: _____

Date: _____

Telephone: _____

Fax: _____

INTERNAL OFFICE USE ONLY

Name: _____

Sales Rep: _____

Address: _____

Ship Via: _____

Telephone: _____

Courier Acct: _____

Fax: _____

Industry Code: _____

Name: _____

Other Notes:

Address: _____

Telephone: _____

Fax: _____

FAX (705) 721-9714 ATTN: CHAUNA E-MAIL: cparker@fkmachinery.com

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