

## **Account Application**

	COMPANY NA	ME:					
)	Address:						
						Code :	
	Phone No.:		**Fax:		E-mail:		
	P.S.T. No.:	G.S.T. No.			Electronic Recycling fee (	EPRA#):	
				Amount	of credit requested:	\$	
Accounts payable address (if differente) City:				Prov.: _		Postal Code :	
Accounts Payable Contact:			Tel.:		Ext.:	E-mail:	
No. of Employees: No. of Y			Years in Busine	ears in Business		nual Sales Volume:	
Т	YPE OF BUSINESS:	Name of	your GB Micr	o representa	ative:	\$ 	
Ar	re you a member of a Buying Group?:	CANTREX	MILLENIUM [	NOVEXCO	SUPER MICRO	Other:	
0	)wnership						
1	Name of Owner:	Phone No.:		Fax:		E-mail:	
	Home Address:	City:		Prov.:		Postal Code :	
2	Name of Owner:	Phone No.:		Fax:		E-mail:	
	Home Address:	City:		Prov.:		Postal Code :	
Tr	ade References (3 references	ces are mandatory	<u>')</u>				
1 Company: Phone No.:			Fax:		E-mail:		
	Address:					Postal Code :	
2	Company:						
	Address:	City:		Prov.:		Postal Code :	
3	Company:	Phone No.:		Fax:		E-mail:	
	Address:	City:		Prov.:		Postal Code :	
B	ank References						
В	ank Name:			Phone	No.:	Fax:	
Address: City:				Prov.:			
Contact Name: E-mail				Account No.:			
_	Where did you first hear abo	out GR Micro?	I, the undersigned.	, authorize GB Micro	Electronics Inc. or one of its m	nandated representatives to conduct all necessary	
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