



Ampco Manufacturers Inc.
 #101-9 BURBIDGE STREET, COQUITLAM, BC V3K 7B2
 TEL: (604) 472-3800 FAX: (604) 944-4017



APPLICATION FOR CREDIT

APPLICANT: _____
 Name of Firm or Individual _____ No. Years in Business _____
 Billing Address _____ Area Code/Telephone _____
 City _____ Province _____ Postal Code _____ Area Code/Fax _____

TAXES: GST # _____ BC PST # _____ EIN # _____
 (for US customers)

SALES REP: _____ TYPE OF BUSINESS: _____

OWNERSHIP: The following must be completed in full, and will be held in the strictest of confidence.

CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____

PRINCIPALS: Name Address City Phone

FINANCE: Bank: _____ Branch: _____
 Bank Officer: _____ Phone No. _____

BUSINESS ACCOUNTS: List three references

Name _____ Phone No. _____
 Address _____ Fax No. _____
 Name _____ Phone No. _____
 Address _____ Fax No. _____
 Name _____ Phone No. _____
 Address _____ Fax No. _____

We certify that all the information on this form is correct. If terms are granted we agree to remit payment based upon those terms. We understand that Ampco reserves the right to review and/or change these terms at their discretion. We agree that you may request and receive credit information from appropriate credit sources to verify the information shown above.

Print Name _____ Signature _____
 Date _____ Title _____