



Remit to address: 150 English Drive
 Moncton, NB, E1E 4G7
 Tel:506-853-3057
 Fax:506-853-6014
 E-mail:mail@greystoneenergy.com

HST # 102200581 RT

CREDIT APPLICATION

Legal Business Name		
Mailing address		
City, Prov/State		Postal Code/Zip:
Shipping Address		
Telephone #		Fax #
Internet Site		
IRS#	GST#	PST/State Tax
President		Controller
Payables Contact		Purchasing Contact
A/P Email:		Pur. Email:
Bank		Account Number
Address		
Contact person		Phone #
TRADE REFERENCES		
Name:		Phone
Address		Fax
Name		Phone
Address		Fax
Name		Phone
Address		Fax
Nature of Firms Business		
Years in Business		No. Employees
Annual Sales		
Associated Companies		
Do you require a monthly statement? Yes _____ No _____		
<p>I AM AN OFFICER AUTHORIZED TO SIGN FOR THE APPLICANT COMPANY, AND I HEREBY AUTHORIZE GREYSTONE ENERGY SYSTEMS INC. TO OBTAIN SUCH CREDIT REPORTS OR OTHER INFORMATION AS MAY BE DEEMED NECESSARY ON THE AFOREMENTIONED COMPANY, ITS AFFILIATES OR PRINCIPALS IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF A CREDIT ACCOUNT OR FOR ANY OTHER DIRECT BUSINESS REQUIREMENT. ALL COSTS INCURRED TO COLLECT PAST DUE INVOICES WILL BE THE RESPONSIBILITY OF THE APPLICANT COMPANY.</p> <p style="text-align: center;">***PAYMENT TERMS ARE NET 30 DAYS FROM DATE OF INVOICE - Will you be able to meet these requirements? YES? ___ or NO? ___</p>		
Date: _____ Signature: _____ Title: _____		

Please select invoice receipt preference:	
<input type="checkbox"/> Electronic PDF copy Recipients email address: _____	
<input type="checkbox"/> Mail hard copy	
Please select preferred method of payment :	
<input type="checkbox"/> Check	<input type="checkbox"/> Telephone Transfer (TT)
<input type="checkbox"/> Electronic Payment (Bank info.available upon request)	<input type="checkbox"/> Cash against Documents
<input type="checkbox"/> Credit card (North America only: Master Card / VISA / AMEX)	<input type="checkbox"/> L/C