



NETCOM GROUP INC. O/A NGI SYSTEM

401 Alden Road. Unit 7 & 8, Markham, Ontario, L3R 4N4

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CUSTOMER APPLICATION FORM

Name of Company: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Website: _____

Establish (MM / YY): _____ Annual Sales: _____ No of Employees: _____

PST No: _____ Ontario OES Exemption (Yes / No): _____

Request Term: _____ Request Credit Limit: _____

PRINCIPLE OWNER

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

AUTHORIZED BUYER & ACCOUNT PAYABLE

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

BANK REFERENCE

Bank: _____ Contact: _____ Phone: _____

Chequing Account: _____ Saving Account: _____

TRADE REFERENCE

Company: _____ Contact: _____ Phone: _____

Address: _____ Current Term: _____ Credit Limit: _____

Company: _____ Contact: _____ Phone: _____

Address: _____ Current Term: _____ Credit Limit: _____

Company: _____ Contact: _____ Phone: _____

Address: _____ Current Term: _____ Credit Limit: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

We authorized the release of credit & bank information to "NETCOM GROUP INC." by the references listed above with company authorized signature.