



TRANS-CANADA
THERMOGRAPHIE LIMITÉE • LIMITED THERMOGRAPHING

9001, boul. Parkway Blvd., Ville d'Anjou, Québec H1J 1N4
Tél.: (514) 351-4411 • Fax: (514) 351-6081 • Toll Free: 1-800-361-3482
Internet: www.trans-canada.ca Email: invitation@trans-canada.ca

WE WELCOME YOU TO OUR FAMILY. THE INFORMATION BELOW IS VITAL TO OUR DATA PROCESSING FILE AND WILL ENABLE US TO SERVE YOU RAPIDLY AND EFFICIENTLY.

1- GENERAL INFORMATION (PLEASE TYPE OR WRITE CLEARLY)

FIRM'S NAME: _____ DATE: _____
Please deal with us under ONE name only

ADDRESS: _____

CITY: _____

PROVINCE: _____ POSTAL CODE: _____

TEL.: () _____ FAX: () _____ CELL.: () _____

E-MAIL: _____ YOUR ORDER WILL BE

LANGUAGE IN WHICH YOU WISH TO BE SERVED: ENGLISH FRENCH PICKED UP DELIVERED

2- OWNER OF THE ENTERPRISE:

NAME: _____ TEL.: () _____

3- PERSON IN CHARGE OF ORDERS:

NAME: _____ TEL.: () _____

4- TERMS OF PAYMENT:

(C.O.D.) OPEN ACCOUNT (30 DAYS) - IF YOU PREFER THIS OPTION PLEASE COMPLETE SECTION #5

PERSON IN CHARGE OF CREDIT

NAME: _____ TEL.: () _____

5- NAME AND ADDRESS OF THREE OF YOUR SUPPLIERS:

1- _____

TEL.: () _____

FAX.: () _____

2- _____

TEL.: () _____

FAX.: () _____

3- _____

TEL.: () _____

FAX.: () _____

IMPORTANT PLEASE CHECK BOX

AUTHORIZE TRANS-CANADA THERMOGRAPHING TO ACQUIRE PERTINENT INFORMATION REGARDING MY CREDIT STATUS.

Signature

HAS YOUR COMPANY DEALT WITH US PREVIOUSLY? YES NO
IF THE ANSWER IS YES, UNDER WHAT NAME:

Signature