

COMPANY PROFILE	(	COD	
BILLING INFORMATION	w#		
COMPANY Volta de 65.			
ADDRESS SMIS Spring Garden 12 CITY Halifax	1000l.	75 X MIRO # 76 MIRO M	123 \ IFT
city Halitax		POSTAL CODE	B3J IET Lody @ voltae ffe
PHONE 902-880-8341	FAX	E-MAILIME	60y EU VOITARTHI
ACCOUNTS PAYABLE CONTACT	Leav		V
PHONE	FAX	E-MAIL	
BUSINESS INFORMATION	_		
TYPE OF BUSINESS Owners	ship Partnershi	ip Corporation	Other
YEARS IN BUSINESS		USE OF PURCHASE ORDERS	YES NO
OWNER, PARTNERS, COMPANY OFFICERS			
NAME, TITLE			
NAME, TITLE		/ '	
NAME, TITLE			
BANK INFORMATION			
NAME	ACCOUNT	NUMBER	
ADDRESS			
CITY	PROVINCE	POSTAL CODE	
CONTACT PERSON			
PHONE	FAX	E-MAIL	
TRADE REFERENCES	/		
COMPANY, PHONE, FAX			
COMPANY, PHONE, FAX COMPANY, PHONE, FAX			
		1.000	
I Certify that the above information is con	1	be used for credit purposes	_
Name	Title		Date
TERMS AND CONDITIONS			
Application for credit will not be considered unless a If payment is not received by the 60th day from the placed on credit card. Cardholders signature below	invoice date, customer will be co		
VISA# 4516 0560 0067	23410	EXP. DATE 08/17	



MASTERCARD #

SIGNATURE



0560 0067





EXP. DATE

DATE

