

ELinktech Inc.

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CUSTOMER PROFILE

(Please print clearly)

Company Name: _____

Legal Name: _____

Address: _____

Postal Code: _____ **Phone:** _____ **Fax:** _____

P.S.T. Exemption No.: _____ **G.S.T. No.:** _____

Nature of Business: _____

Name Of Principal Owner: _____ **Number Of Years In Business:** _____

Accounting:

Manager/Controller: _____

Bank Name: _____ **Account No.:** _____

Address: _____

Contact Person: _____ **Phone:** _____ **Fax:** _____

Purchasing

Manager/Controller: _____ **Phone:** _____ **Fax:** _____

Contact (If different to above): _____ **E-mail:** _____

Trade References

1. **Company Name:** _____

Contact: _____ **Phone:** _____ **Fax:** _____

2. **Company Name:** _____

Contact: _____ **Phone:** _____ **Fax:** _____

3. **Company Name:** _____

Contact: _____ **Phone:** _____ **Fax:** _____

I authorize ELinktech Inc. to obtain such factual & investigative information regarding me from others as permitted by law. To furnish to her consumer credit grantors & credit bureaus particulars of the credit application and subsequent credit experience if application and to retain this application for the records of ELinktech Inc.

Signature: _____ **Title:** _____ **Date:** _____