



**THERMOGRAPHIE** **TRANS-CANADA** **THERMOGRAPHING**  
LIMITÉE • LIMITED

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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