Date:		When complete email copy to mia@reliabletube.com			
Company Name (i	n full):				
Street: City:		Province: Postal:			
Phone:	Fax:	PST #:	Send Invoices By	: Mail O Fax O Email O	
Email for Invoices:	:	Receiving Hours:	Unlo	oad: Forklift O Crane O	
Receiving Contact		ecial Receiving Instructions:			
Alternate Address	(shipping, etc.) – Please use	multiple forms for more than	one alternate addr	ess	
Street:		City:	Province:	Postal:	
Phone:		Receiving Hours:		oad: Forklift O Crane O	
Receiving Contact	<u> </u>	ecial Receiving Instructions:			
PO Required: Ye	es O No O PO Contact:	Phone:		Fax:	
Email:		Mill Certs Required:	Yes O No O		
	Sole Proprietorship O Par		Date Founded:		
Ownership (list de	tails of all Principals/Owners.	– Please use multiple forms i	f necessarv		
Nama		Docition:	,		
Name:		Position:			
Name .		Docition			
		essed without either fax numb			
_				Phone:	
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Company:	Liliali.	Contact:	ſ	Phone:	
Fax:	Email:	Contact:	<u> </u>		
Company:	Lillall.	Contact:	ſ	Phone:	
Fax:	Email:	Contact.		riione.	
Terms: All accounts are due pa a monthly rate of 2% I/We hereby authorize necessary in connectio	ayable 30 days following date of inv	oice. I/We hereby agree to pay interest to obtain such credit reports and other tenance of a credit account or for any	her information as may	Initial: be deemed	
requirement				Initial:	
unconditionally guarar	ntee payment of all present and futi	ure debts and liabilities to Reliable Tu that this agreement shall be continui	be Inc. whether incurred		
Dated at:		In the province of	this	day of	
Witness:		Guaranter			
Print:		Print:			
Position:		Position:			