



CONFIDENTIAL CREDIT APPLICATION

Individual <input type="checkbox"/>	Corporation <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Other:
Registered Corporation Name:			Date Business Commenced:	
Trade Style Name: (if applicable)				
Mailing Address:				
City:		Prov/State:		Postal/ZIP Code:
Ship to Address:				
Fax:			Tel:	
Type of Business:				
Accounts Payable Contact:			Accounts Payable Email:	
NAMES OF ALL OFFICERS, PARTNERS, OR PROPRIETOR:				
1) Name:			Title:	
2) Name:			Title:	
3) Name:			Title:	
INVOICING OPTIONS: (Receive my invoices by one of the following)				
<input type="checkbox"/> by Fax, Fax number:			<input type="checkbox"/> by Email, Email Address:	
				Mail
BANKING INFO:				
Bank Reference:		Account#		Contact:
Address:		Tel:		Fax:
TRADE REFERENCES: (Preferably Steel or Other Key suppliers)				
Name		Tel:		Fax:
Name		Tel:		Fax:
Name		Tel:		Fax:
TERMS AND CONDITIONS				
Terms of sale call for payment in full of all accounts thirty (30) days from date of invoice unless otherwise specified, in writing, by the Seller. Default of payment will result in a 2% monthly charge (24% per annum) on all past due amounts.				
SIGNATURES				
The applicant consents to the obtaining of credit including banking information as may be required in connection with the credit line hereby applied for or any renewal or extension thereof. The undersigned certifies the information given in the Application is warranted to be true and correct.				
Authorized Signature:			Title:	
Date:				
MUST BE SIGNED BY AN OFFICER OF THE APPLICANT, IF THE APPLICANT IS A CORPORATION				

Please fill out and return signed Credit Application to the Credit Department at
fax# 905-643-3585