

Mainland Sand & Gravel ULC

CREDIT APPLICATION

APPLICANT INFORMATION

Applicant | Company name: (in full)

PLEASE PRINT CLEARLY.

| | | |
|--|-----------|------------------------|
| Phone: | Fax: | E-mail: |
| Address: (Delivery) | | (Mailing if different) |
| City: | Province: | Postal Code: |
| Date business commenced: | | |
| Circle one: Sole proprietorship Partnership Corporation Other(Specify) | | |

BUSINESS AND CREDIT INFORMATION

| | | |
|---|---|--------------|
| Business address (if different from above): | | |
| City: | Province: | Postal Code: |
| Date business commenced: | | |
| Telephone: | Fax: | E-mail: |
| Bank name: | | |
| Bank address: | | Phone: |
| City: | Province: | Postal Code: |
| Type of account required? | | |
| Credit Account | Credit terms are 25 th of the month following invoice date. See reverse for terms. | |
| Payment Option | Payment can be automatically processed on a major credit card the 25 th of each month for previous month's purchases. Some restrictions apply. | |

BUSINESS/TRADE REFERENCES

| | | |
|---------------|-----------|--------------|
| Company name: | | |
| Address: | | |
| City: | Province: | Postal Code: |
| Phone: | Fax: | E-mail: |
| Company name: | | |
| Address: | | |
| City: | Province: | Postal Code: |
| Phone: | Fax: | E-mail: |
| Company name: | | |
| Address: | | |
| City: | Province: | Postal Code: |
| Phone: | Fax: | E-mail: |

CONTACT INFORMATION

A/P Contact: _____ Phone: _____ Fax: _____
Print Name

STATEMENT & BILLING INFORMATION

THIS SPACE IS FOR OFFICE USE ONLY

| | |
|---|--|
| Do you require PO? Yes No PST Exempt? Yes No If Yes, provide number: _____ GST No. _____ | Sales Rep: _____ Credit Limit: _____ Date Opened: _____ Account Code: _____ |
|---|--|

