



Mainland Sand & Gravel ULC

CREDIT APPLICATION



APPLICANT INFORMATION

Applicant | Company name:

Mailing Address:

Phone:

Fax:

E-mail:

Delivery Address:

City:

Province:

Postal Code:

Date business commenced:

Check one: Sole proprietorship Partnership Corporation Other(Specify)

BUSINESS AND CREDIT INFORMATION

Bank name:

Bank name:

Phone:

City:

Province

Postal Code:

Forms of payment accepted: Cheque EFT Amex Visa Mastercard Autopay

Credit terms are 25th of the month following invoice date. See reverse for terms.
For EFT, Credit Cards, and Autopay, please call 604-882-6094 for further information.

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

Invoice Delivery: Email Mail Statement Delivery: Email Mail

Email address for invoice and statement delivery: _____

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: _____

OFFICERS, OWNERS OR PARTNERS

Name | Address | Telephone # | Title | for ALL officers, partners or owners.

*Name:

Title:

Address:

City:

Province:

Phone:

*Name:		Title:	
Address:	City:	Province:	Phone:
*Name:		Title:	
Address:	City:	Province:	Phone:

APPLICANT AGREEMENT

Application must be signed by Director of the company or signing officer.

The Applicant hereby authorizes MAINLAND SAND & GRAVEL ULC. ("Seller"), to conduct whatever personal investigation deemed necessary in connection with the establishment and maintenance of a credit account. The Applicant hereby affirms that the information herein given for the purpose of obtaining credit is true and correct.

The Applicant agrees to review and verify the accuracy and completeness of all invoices and statements of account rendered by Seller to Applicant, and to notify Seller in writing of any errors or omissions within 15 days of receipt of the invoice(s), failing which the balance shown shall be deemed true and correct in all respects and accepted by the Applicant to be so, and the Applicant hereby agrees not to dispute the accuracy and completeness of such invoice(s).

The Applicant agrees that upon approval of credit account, payment on invoices are due on the 25th of the month following the invoice date. Amounts remaining unpaid after 30 days from the date of the invoice shall be overdue and the Applicant agrees to pay contractual interest on such overdue amounts at the rate of 26.8% per annum (2% per month, compounded monthly). The Applicant shall also pay the Seller's legal and other costs related to the enforcement or collection of overdue accounts on a fully indemnity basis.

Name: _____ Title: _____ Signature: _____
Print

Name: _____ Title: _____ Signature: _____
Print

Has applicant (or individuals) signing application ever filed for bankruptcy? Y / N

INDEMNITY and CONSENT

In consideration of the granting of credit to the Applicant, the undersigned shall indemnify and pay to the Seller for all purchases by the Applicant pursuant to any credit account with the Seller, plus any interest, costs, or fees incurred by the Seller in respect of such outstanding amounts, including collection costs and fees. The Seller shall not be bound to exhaust its remedies against the Applicant or any other person or realize upon any security given in respect of the indebtedness before seeking payment hereunder from the indemnitor(s). Where there is more than one indemnitor, the indemnitors agree to be jointly and severally liable as indemnitors.

The Applicant and the undersigned indemnitor(s) consent to the Seller obtaining a credit report for each Applicant and indemnitor, as applicable, pursuant to s. 107 of the *Business Practices and Consumer Protection Act*, S.B.C. 2004, c. 2.

READ and AGREED:

Name: _____ Title: _____ Signature: _____
Print

Name: _____ Title: _____ Signature: _____
Print

If you have any questions regarding this application or your account, please contact the Credit Department at the numbers below.



Mainland Sand & Gravel ULC.

Credit Department

317, 9525 – 201 Street, Surrey, BC V1M 4A5

Phone: 604-882-5650 Fax: 604-882-5660

Hours: Monday to Friday 7:00 a.m. to 5:00 p.m. Pacific