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 Tel: 519-634-5110
 Tel: 519-880-9467
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CREDIT APPLICATION

FULL LEGAL NAME OF COMPANY _____

TRADE NAME OF COMPANY (IF DIFFERENT FROM ABOVE) _____

MAILING ADDRESS _____

CITY _____ **PROVINCE** _____ **POSTAL CODE** _____

TYPE OF BUSINESS _____ **YEAR ESTABLISHED** _____

LEGAL STATUS: _____ **PROPRIETORSHIP** _____ **PARTNERSHIP** _____ **CORPORATION** _____

PHONE NUMBER () _____ **FAX ()** _____ **CELLULAR ()** _____

E-MAIL ADDRESS _____

OWNERS, PARTNERS, OFFICERS

NAME	ADDRESS	TITLE	D.O.B	S.I.N NUMBER

MONTHLY CREDIT LIMIT REQUESTED _____

BANK _____ **ADDRESS** _____

PHONE NUMBER () _____ **ACCOUNT NUMBER** _____ **CONTACT** _____

CREDIT REFERENCES

1) _____ **ADDRESS** _____ **PHONE NUMBER ()** _____

2) _____ **ADDRESS** _____ **PHONE NUMBER ()** _____

3) _____ **ADDRESS** _____ **PHONE NUMBER ()** _____

I, _____ **HEREBY GUARANTEE PAYMENT OF ALL INDEBTNESS OF THE ABOVE**
 (PLEASE PRINT) **ACCOUNT TO TRI-CITY READYMIX LTD & TRI-CITY MATERIALS LTD.**

GUARANTOR (PERSONALLY)

The undersign consent to the obtaining of credit and/or personal information any time in connection with the credit hereby applied for and agrees to comply with the terms listed below.

TERMS: NET 30 DAYS FROM STATEMENT DATE, 2% INTEREST CHARGES ON ALL OVERDUE ACCOUNTS.

This is an application for a thirty (30) day charge account with NO option for monthly payments.

_____ **SIGNATURE OF AUTHORIZED OFFICER** **TITLE** **DATE**