



220 John St., Barrie, ON L4N 2L2
Tel: 705 728 1643 fax: 705 725 8212

CREDIT APPLICATION & AGREEMENT

Sales Person _____ Date _____

Your Company Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone # _____ Fax # _____

HST# _____ Years in business _____

Receiving Hours _____ Maximum Lift _____

Method of Unloading _____

Credit limit requested _____

Name of Bank _____ address _____

Contact name and email _____

Account# _____ Transit # _____

Phone# _____ Fax# _____

Both telephone & fax numbers are required to expedite approval – please allow five business days for us to complete processing your application.

FOUR CREDIT REFERENCES REQUIRED - - minimum 2 Steel Distributors

1 – Name _____ Address _____
Phone _____ Fax _____

2 – Name _____ Address _____
Phone _____ Fax _____

3 – Name _____ Address _____
Phone _____ Fax _____

4 – Name _____ Address _____
Phone _____ Fax _____

I hereby certify that the information contained on this application is correct and authorize the trade references and bank to release necessary information to assist in establishing a line of credit with your company.

Signature _____ dated _____

Print name _____ title _____