



## CREDIT APPLICATION

### BUSINESS CONTACT INFORMATION

Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	Province:	Postal Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
List of Directors:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	

### BUSINESS AND CREDIT INFORMATION

Accounting Contact Name:	Accounting Email Address:	
Accounting Phone #:		
Bank name:	Account Manager:	
Bank address:	Phone:	
City:	Province:	Postal Code:
Account number:		

### BUSINESS/TRADE REFERENCES

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

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Custom Metal Inc. to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURE

Name (Please Print):	Signature:
Title:	Date: