

CREDIT APPLICATION & AGREEMENT



CON CAST PIPE

299 Brock Rd. S.
Guelph, ON N1H 6H9
Phone: 800 668-7473
519 763-8655
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PLEASE PRINT

All credit agreements must be signed by an owner, partner or authorized officer of the company (whichever is applicable).

Business Type: **Corporation:** _____ **Partnership:** _____ **Sole Proprietor:** _____

Full Legal Name: _____

Trade Name: _____

Billing Address: _____

Shipping Address: _____

Phone: () _____ Fax: () _____ Cellular / Pager Number: () _____

Business Start Date: _____ Incorporation Date: _____ Incorporation / Registration #: _____

Officers, Partners, Owner, Sole Proprietor Information:

NAME	ADDRESS	HOME PHONE #	POSITION HELD	DATE OF BIRTH (MANDATORY FOR SOLE PROPRIETORSHIP /PARTNERSHIPS)

RELATED COMPANIES INVOLVED IN:

NAME OF COMPANY	ADDRESS

INVOICING / BILLING INFORMATION

Provincial Sales Tax No. _____

(Please supply a copy of your exemption form, if applicable.)

Purchase Order Number Required? Yes No Drop-Shipment Allowed Yes No

Type of Business: _____ Amount of Credit Requested/Required \$ _____

Accounts Payable Contact: _____ Phone: () _____ Ext # _____ E-mail address: _____

BANKING INFORMATION- account # and transit # are mandatory

Name of Financial Institution: _____ Account # _____ Transit # _____

Address: _____ Account Type: borrowing non-borrowing

Contact/Account Mgr.: _____ Phone: () _____

