



Do not do Credit Checks – EM Plastics, ND Graphics

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APPLICATION FOR CREDIT

COMPANY NAME _____ DATE _____

STREET _____

CITY _____ PROV _____ P.C. _____

PHONE # _____ FAX # _____ EMAIL _____

ACCOUNTS PAYABLE CONTACT

- Sole Proprietor – Name of Owner _____
- Partnership – Names of partners _____
- Limited Company – Principals _____

TYPE OF BUSINESS _____ NUMBER OF YEARS IN BUSINESS _____

AMOUNT OF CREDIT REQUESTED: \$ _____

PROVINCIAL SALES TAX # _____ GST # _____

BUSINESS REFERENCES

NAME	ADDRESS	CITY	PHONE / FAX #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BANK NAME AND BRANCH ADDRESS:

TERMS OF SALE: NET 30 DAYS

I/We affirm the above information is correct and I/we understand that terms of sale call for payment in full of all accounts within 30 days of statement date and I/we understand that if an account is not paid in full within 30 days, Grant Metal Products Ltd. Reserves the right to charge interest on amounts that exceed 30 day terms.

SIGNING OFFICER OR AUTHORIZED PARTY **TITLE** **DATE**
