CREDIT APPLICATION



The Convenience Stores For Metal* metalsupermarkets.com/edmonton

Administrative Office 7434 - 18 Street Edmonton, AB T6P 1N8 Phone: (780) 461-4337 Fax: (780) 440-4376 TF: (877) 585-5055

Legal Business Name:	Shipping Address: If different than mailing address:
Trade Name (if different from above:)	11
Address:	
·	
Phone*: Fax*: *IMPORTANT! Please be sure to include BOTH Fax & Phone Numbe	
Number of years in business: Credit Limit Requeste	d: \$ Cheque
Limited Co Partnership Propr	☐ EFI ☐ Cash
Required Contact Information	
Contact name for ordering:	Titlo
Direct phone:Email:	
Contact for invoicing / payables	
Direct phone:Email:	
How did you hear about Metal Supermarkets? ☐ Radio ☐ Word of Mouth	☐ Sales Visit ☐ Billboards ☐ Google/ Internet ☐ Other:
Principal(s) Name, Address & Phone Number:	
Bank: Account Manager:	
Address:	Phone #:
	Fax #:
	Account #:
Supplier References - Name & Contact: Address:	Phone: Fax (Required):
1	
2	
3.	
Are your purchases from us PST exempt? Yes No If so, what is your PST number?	
TERMS OF SALE: Our terms of sale are NET 30 DAYS from the date of the invoice. Interest on past due accounts is 2% per month. Charges for collection of past due accounts will be paid by the customer.	
I/WE hereby confirm that I/WE have read and understand the terms of the sale conditions. I/WE confirm that all informatio on this application is true and correct.	
Signature(s) of authorized signing officer(s):	
Date: Print Name(s):	
Title(s):	