



PO Box 430, 1971 Old Prescott Rd.
Greely, Ontario, K4P 1N6
Phone: 613-821-3003
Fax: 613-821-4069
info@greelysand.com
GreelySand.com

Client Credit Application Form

All information provided on this application will be held confidentially for Greely Sand & Gravel Inc. only.

Please fill out the form completely and fax it back to 613-821-4069 or email it to info@greelysand.com

Important: Incomplete information will delay processing of your credit application.

Legal Name of Firm: _____

D.B.A. Name: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: () _____ Fax: () _____ E-mail Address: _____

Shipping Address (If Applicable): _____

Province / State of Incorporation / Main Registration: _____

Circle Appropriate Item: Corporation Partnership Proprietorship

Type of Business: _____ Date Business Established: _____

Estimated Monthly Purchases: _____ Number of employees: _____ Annual Sales: _____

Owners / Partners / Officers

| NAME | POSITION | S.I.N. NUMBER | HOME ADDRESS |
|------|----------|---------------|--------------|
| | | | |
| | | | |
| | | | |

| PARENT COMPANY | ADDRESS | PHONE NUMBER |
|----------------|---------|--------------|
| | | |

Trade References:

Supplier/Contact Name: _____

Tel: () _____ Ext: _____ Fax: () _____ E-mail Address: _____

Supplier/Contact Name: _____

Tel: () _____ Ext: _____ Fax: () _____ E-mail Address: _____

Supplier/Contact Name: _____

Tel: () _____ Ext: _____ Fax: () _____ E-mail Address: _____

Supplier/Contact Name: _____

Tel: () _____ Ext: _____ Fax: () _____ E-mail Address: _____



Bank Reference:

Name of Bank: _____ Contact Person/Title: _____
(Please state first & last name)

Transit #: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: () _____ - Ext: _____ Fax: () _____ Account #: _____

I REPRESENT THAT THE ABOVE INFORMATION IS TRUE AND IS PROVIDED TO INDUCE **GREELY SAND & GRAVEL INC.** TO EXTEND CREDIT TO THE APPLICANT. MY COMPANY AND I AUTHORIZE **GREELY SAND & GRAVEL INC.** TO PROCEED WITH A CREDIT INVESTIGATION, INCLUDING CONTACTING THE ABOVE TRADE REFERENCES, BANK AND OBTAINING CREDIT REPORTS. MY COMPANY AND I AUTHORIZE ALL TRADE REFERENCES, BANKS AND CREDIT REPORTING AGENCIES TO DISCLOSE **GREELY SAND & GRAVEL INC.** ANY AND ALL INFORMATION CONCERNING TO THE FINANCIAL AND CREDIT HISTORY OF MY COMPANY AND MYSELF.

TERMS AND CONDITIONS

BI-MONTHLY INVOICES ARE ISSUED AND STATEMENTS ARE PROVIDED ON A MONTHLY BASIS.
 ALL ACCOUNTS ARE **NET 30 DAYS**. PAYMENT IN FULL IS EXPECTED **WITHIN 30 DAYS OF INVOICE DATE**.
 COMPOUND INTEREST IS CHARGED AT A RATE OF 2% PER MONTH IF PAYMENT IS NOT RECEIVED WITHIN 30 DAYS OF INVOICE DATE.
 NO ADDITIONAL CREDIT WILL BE EXTENDED TO PAST DUE ACCOUNTS UNLESS SATISFACTORY ARRANGEMENTS ARE MADE WITH OUR CREDIT DEPARTMENT.

PERSONAL GUARANTEE:

IF THE CREDIT CUSTOMER IS A CORPORATION, THEN SIGNING OFFICER MUST SIGN THIS APPLICATION. SIGNING AS AN OFFICER, YOU PERSONALLY GUARANTEE PAYMENT FOR ALL ITEMS PURCHASED ON CREDIT BY CORPORATION

AGREEMENT

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS STATED ABOVE AND AGREE. I ALSO UNDERSTAND THAT **GREELY SAND & GRAVEL INC.** CAN CHANGE ITS POLICY AND CAN CANCEL SUPPORT SERVICE AT ANY TIME.

Name: _____
(Please print first & last name)

Signature: _____

Title (Owner, Partner, Officer): _____

Date: _____

I am also faxing the completed Ontario Retail Sales Tax Purchase Exemptions Certificate.

*If you have any questions regarding this credit application, or require assistance in its completion, please feel free to contact our Head office at 613-821-3003 and a representative will be happy to assist you.

For Credit Department Use Only

Credit Limit: _____ Approval 1: _____

Sales Rep: _____ Approval 2: _____