

CREDIT APPLICATION

COMPANY NAME: _____ DATE: _____

ADDRESS: _____ INCORPORATED: _____

_____ TELEPHONE: _____

PRINCIPALS: _____ FAX: _____

POSTAL CODE: _____ A/P CONTACT: _____

TYPE OF BUSINESS: _____ FOR HOW LONG: _____

OWN OR LEASE BUILDING: _____ SIZE OF BUILDING: _____

USUAL PAYMENT TERMS: _____ AMOUNT OF CREDIT REQUESTED: _____

BANK: _____ CONTACT: _____

BRANCH: _____ TELEPHONE: _____

G.S.T. #: _____ P.S.T. #: _____

TRADE REFERENCES (STEEL)

1. COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____ *FAX: _____

_____ YEARS DEALING: _____

2. COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____ *FAX: _____

_____ YEARS DEALING: _____

3. COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____ *FAX: _____

_____ YEARS DEALING: _____

SIGNED BY OFFICER OF COMPANY: _____

**PLEASE RETURN BY FAX TO MAGNUM STEEL
FAX (905) 319-9288**