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## CREDIT APPLICATION

FULL LEGAL NAME OF COMPANY \_\_\_\_\_

TRADE NAME OF COMPANY (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ YEAR ESTABLISHED \_\_\_\_\_

LEGAL STATUS: \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ CELLULAR ( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### OWNERS, PARTNERS, OFFICERS

NAME	ADDRESS	TITLE	D.O.B	S.I.N NUMBER

MONTHLY CREDIT LIMIT REQUESTED \_\_\_\_\_

BANK \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_ CONTACT \_\_\_\_\_

### CREDIT REFERENCES

1) \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

2) \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

3) \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

I, \_\_\_\_\_ (PLEASE PRINT) \_\_\_\_\_ HEREBY GUARANTEE PAYMENT OF ALL INDEBTNESS OF THE ABOVE ACCOUNT TO TRI-CITY READYMIX LTD & TRI-CITY MATERIALS LTD.

GUARANTOR (PERSONALLY) **X**

The undersign consent to the obtaining of credit and/or personal information any time in connection with the credit hereby applied for and agrees to comply with the terms listed below.

TERMS: NET 30 DAYS FROM STATEMENT DATE, 2% INTEREST CHARGES ON ALL OVERDUE ACCOUNTS.

This is an application for a thirty (30) day charge account with NO option for monthly payments.

**X** \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED OFFICER TITLE DATE