

CREDIT APPLICATION

Date: _____ Sales Representative: _____

Business Profile of Applicant

Company Name: _____ Division: _____
 Address: _____ Contact Email: _____
 City: _____ Invoicing Email: _____
 Province/State: _____
 Postal Code: _____ Telephone No. _____
 Tax Exempt: No Yes #.: _____ Fax No. _____
 GST No. _____ PST No. _____

Full Name of Owners, Partners and Officers of the Business

Owner: _____ Controller: _____
 President: _____ Accounts Payable: _____
 Vice-President: _____

In Business Since: _____ No. of Employees: _____ Annual Sales: \$ _____

Industry Description of the Business

Manufacturer Wholesaler Retailer Other: _____

Type of Business

Corporation Partnership Single Ownership Other: _____

Financial Statements Included: Yes No If not, why? _____

Estimated Annual Purchases: \$ _____ Year End Date: _____

Are the materials supplied for an improvement or a construction project for contractor or sub-contractor?

No Yes If Yes, please describe: _____

Bank Information



Calgary
 7007-54th Street SE
 Unit 133, Calgary, AB
 T2C 3C2
 Tel: (855) 514-2811
 Fax: (403) 514-8114

Toronto
 455 Ambassador Drive
 Mississauga, Ontario
 L5T 2J3
 Tel: (905) 795-2882
 Fax: (905) 795-1717

Montreal
 4665 Rue Cousens
 St. Laurent, Quebec
 H4S 1X5
 Tel: (514) 745-0360
 Fax: (514) 745-0387

Edmonton
 5303 42nd Street NW
 Edmonton, Alberta
 T6B 3P2
 Tel: (780) 440-2811
 Fax: (780) 465-8937

Moncton
 484 Boul. Adélar-Savoie
 Dieppe, New Brunswick
 E1A 7T4
 Tel: (888) 384-3875
 Fax: (506) 384-3874

Saskatoon
 3603 Millar Avenue,
 Saskatoon, SK
 S7P 0B2
 Tel: (877)-664-2811
 Fax: (306)-374-8937

Name: _____
 Address: _____
 City: _____
 Postal Code: _____
 Contact Name: _____

Account No.: _____
 Province/State: _____
 Telephone No.: _____
 Fax No.: _____

Suppliers / Trade References

Company Name: _____
 Contact Name: _____
 Telephone No.: _____
 Fax No.: _____
 Email: _____

Company Name: _____
 Contact Name: _____
 Telephone No.: _____
 Fax No.: _____
 Email: _____

Company Name: _____
 Contact Name: _____
 Telephone No.: _____
 Fax No.: _____
 Email: _____

Company Name: _____
 Contact Name: _____
 Telephone No.: _____
 Fax No.: _____
 Email: _____

Company Name: _____
 Contact Name: _____
 Telephone No.: _____
 Fax No.: _____
 Email: _____

Company Name: _____
 Contact Name: _____
 Telephone No.: _____
 Fax No.: _____
 Email: _____

DECLARATION

We hereby warrant that the information contained herein is true and exact. We acknowledge that the said information and authorizations were given in order to allow PinAcle Stainless Steel Inc. to have access to and possession of all pertinent information relating to our actual and future financial position in order to evaluate the opportunity to establish with us a contractual relationship and give, maintain or modify a line of credit. We hereby authorize PinAcle Stainless Steel Inc., to obtain, verify and complete any information useful for the above-mentioned purpose from the companies listed herein as well as from any credit information agency or organization authorized to communicate information. We hereby agree to pay outstanding accounts within 30 days of invoice date or as otherwise agreed in writing.

Name: _____
 Title: _____
 Signature: _____
 Date: _____

Please return by fax /email the completed and signed application to the attention of:

Credit Department (514) 745 – 9931

Email: ArEmail@pinacle.ca

INTERNAL OFFICE USE ONLY

Credit Evaluation: _____
 Recommended Credit Limit: \$ _____ Approved Credit Limit: \$ _____
 Approval Signature: _____ Date: _____