

Toronto Tel: (905) 795-2882 Fax: (905) 795-1717

Montréal 455 Ambassador Drive 4665 Rue Cousens Mississauga, Ontario St. Laurent, Quebec

Edmonton H4S 1X5
Fel: (514) 745-0360
Fel: (780) 440-2811
Fax: (514) 745-0387
Fax: (780) 465-8937
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Moncton 5303 42nd Street NW 484 Boul. Adélard-Savoie 9755 190th Street 3603 Millar Avenue, Edmonton, Alberta T6B 3P2 Dieppe, New Brunswick E1A 7T4 Surrey, British Columbia Saskatoon, SK V4N 3M9 S7P 0B2

Surrey Tel: (780) 440-2811 Fax: (780) 465-8937

Saskatoon Tel: (877)-664-2811 Fax: (306)-374-8937

CREDIT APPLICATION

Date:	Sales Representative:			
Business Profil	e of Applicant			
Company Name:		Division:		
Address:		Contact Fmail:		
City:		Invoising Empile		
Province/State:				
Postal Code:		Telephone No.		
Tax Exempt:	□ No. □ Voo. #.	Fax No.		
GST No.		PST No.		
Owner: President: Vice-President: In Business Since Industry Descrip Manufacturer Type of Busines	otion of the Business Wholesaler Retaile	Controller: Accounts Payable: No. of Employees: Other:	nnual Sales: \$	
Other: Financial Statement	ents Included: Yes N	lo If not, why?		
Estimated Annual Purchases: \$		Year End D	Year End Date:	
contractor?		ement or a construction project t		
∐ No ∐ Yes	If Yes, please describe:			
Bank Informatio	n			



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 Tel: (888) 384-3875 Fax: (506) 384-3874
 Tel: (780) 440-2811 Fax: (306)-374-8937
 Tel: (306)-374-8937

Name:	Account No.:	
Address:		
City:	Province/State:	
Postal Code:	Telephone No.:	
Contact Name:	Fax No.:	
Suppliers / Trade References		
Company Name:	Company Name:	
Contact Name:	Contact Name:	
		
Telephone No.:	Telephone No.:	
Fax No.:	Fax No.:	
Email:	Email:	
Company Name:	Company Name:	
Contact Name:	Contact Name:	
Telephone No.:	Telephone No.:	
Fax No.:	Fax No.:	
Email:	Email:	
Company Name:	Company Name:	
Contact Name:	Contact Name:	
Telephone No.:	Telephone No.:	
Fax No.:	Fax No.:	
Email:	Email:	
DECLARATION	Name:	
We hereby warrant that the information contained herein is true and		
We acknowledge that the said information and authorizations were gi	iven in	
order to allow PinAcle Stainless Steel Inc. to have access to and poss of all pertinent information relating to our actual and future financial pos	ition in	
order to evaluate the opportunity to establish with us a contractual relati and give, maintain or modify a line of credit. We hereby authorize F	PinAcle Please return by fax /email the completed and signed	
Stainless Steel Inc., to obtain, verify and complete any information use the above-mentioned purpose from the companies listed herein as v	well as application to the attention of:	
from any credit information agency or organization authorized to communiformation. We hereby agree to pay outstanding accounts within 30 cinvoice date or as otherwise agreed in writing.	Credit Department (514) 745 – 9931	
	Email: ArEmail@pinacle.ca	
INTERNAL OFFICE USE ONLY		
Credit Evaluation:		
Recommended Credit Limit: \$	Approved Credit Limit: \$	
Approval Signature:	 Date:	