

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

Name: _____ Account No.: _____
 Address: _____
 City: _____ Province/State: _____
 Postal Code: _____ Telephone No.: _____
 Contact Name: _____ Fax No.: _____

Suppliers / Trade References

<p>Company Name: _____ Contact Name: _____ Telephone No.: _____ Fax No.: _____ Email: _____</p>	<p>Company Name: _____ Contact Name: _____ Telephone No.: _____ Fax No.: _____ Email: _____</p>
<p>Company Name: _____ Contact Name: _____ Telephone No.: _____ Fax No.: _____ Email: _____</p>	<p>Company Name: _____ Contact Name: _____ Telephone No.: _____ Fax No.: _____ Email: _____</p>
<p>Company Name: _____ Contact Name: _____ Telephone No.: _____ Fax No.: _____ Email: _____</p>	<p>Company Name: _____ Contact Name: _____ Telephone No.: _____ Fax No.: _____ Email: _____</p>

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: _____