

**PRIME-CRETE PRODUCTS LTD.**

**CREDIT APPLICATION**

Email To: **info@primecrete.ca**

Legal Business Name	Trade Name-DBA	Phone # _____ Fax # _____
Billing Address	City	State _____ Zip Code _____
Shipping Address	City	State _____ Zip Code _____

Business Is a:     Corporation     LLC     Partnership     Proprietorship

Year Started \_\_\_\_\_

Do you require a purchase order# before we accept an order?     Yes     No

A/P Contact \_\_\_\_\_ A/P Email \_\_\_\_\_

A/P Phone \_\_\_\_\_  Estimated Monthly Purchases. \$ \_\_\_\_\_

Terms Requested:     COD     Credit Card     Net terms – Credit Limit Requested \$ \_\_\_\_\_

Check one:     Principal     Partner     Proprietor

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile # \_\_\_\_\_ Email \_\_\_\_\_

**Bank References**

Name	Contact Name	Phone No
Street Address	City, State, zip Code	Date Opened

Type of Account    Checking No \_\_\_\_\_ Saving No \_\_\_\_\_ Loan No \_\_\_\_\_

**Trade References (Major Supplies)**

1. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.
2. Name	Contact Name	Phone No.
Street address	City, State, Zip Code	Account No.
3. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.

I/we authorize PRIME-CRETE PRODUCTS LTD.to give as well as receive information concerning this account. All information provided herein is accurate and true. I/we also agree to pay a FINANCE CHARGE OF 1.5% PER MONTH on any unpaid past due balance from the date on PRIME-CRETE’s invoice. I/we also realize that no further shipments will be authorized on overdue accounts. I/we realize that credit may be revoked at any time by PRIME-CRETE because of late payment, bounced checks, lack of order activity for a period of 12 months, or for any other reason to be determined appropriate by PRIME-CRETE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title