



HEAD OFFICE
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CUSTOMER CREDIT APPLICATION

We require that you FULLY complete our account application and provide supporting documentation as requested

Company Name:	
Address:	
City, Province, Postal Code:	
Telephone:	Fax:
E-Mail: (Invoicing Purposes)	
Type of Business (Sole Owner, Partnership, Corporation):	
Years in Business:	

Partners or Corporate Officers

1 - Name, Title:	
Telephone:	E-Mail:
2 - Name, Title:	
Telephone:	E-Mail:

Personal Data on Principal/Owner of Business

Last Name Principal/Owner:	First Name:
Date of Birth:	SIN #:
Driver's Licence #:	

****Please attach copy of DRIVER'S LICENCE****

Bank Information/References

1 - Bank Name:	
Address:	
Contact Name:	Telephone:
Type of Account	Account Number
Savings	
Checking	
Other	

Credit Card Information

Type of Card	Card Number:				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black;">MasterCard</td> <td style="width: 20%; border: 1px solid black;"></td> <td style="width: 20%; border: 1px solid black;">Visa</td> <td style="width: 40%; border: 1px solid black;"></td> </tr> </table>	MasterCard		Visa		Expiry Date:
MasterCard		Visa			
Card Holder:					
Signature:					

Trade References

1 - Company:
Contact:
Address:
City, Province, Postal Code:
Telephone:
Fax:

2 - Company:
Contact:
Address:
City, Province, Postal Code:
Telephone:
Fax:

3 - Company:
Contact:
Address:
City, Province, Postal Code:
Telephone:
Fax #

4 - Company:
Contact:
Address:
City, Province, Postal Code:
Telephone:
Fax #

TERMS AND CONDITIONS

Upon acceptance of this Application, the Customer may purchase goods on credit, on the following terms and conditions:

I/We certify that the above information is true and correct and I/We agree to pay this account in accordance with your credit terms.

I/We also agree to pay for all charges incurred by those authorized to charge on the account and agree that any additions or deletions will be made in writing. I/We further agree to pay all service charges and past due invoices and any collection fees, court costs and attorney fees of 15% of principal and interest.

No terms of this application may be deleted or changed by the Applicant.

I/We understand and agree that the Service Charge as set on Trombetta Construction Materials, invoices at a rate of 2% per month (24% per annually) will be applied to all past due purchases calculated from the invoice date on which they became past due.

Invoiced amounts shall be paid within 30 days of the date of the invoice.

If an invoice is not paid by the Due Date, the Customer's account is deemed to be delinquent.

No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.

The undersigned further consents for TROMBETTA CONSTRUCTION MATERIALS to verify references listed and obtain credit information through a credit bureau regarding this Credit Application. We understand any information obtained by Trombetta Construction Materials will be held in the strictest confidence and is for their use only.

SIGNATURE _____

POSITION _____

PRINT NAME _____

PERSONAL GUARANTEE FOR CORPORATE ACCOUNTS

NOTE: If a partnership, all partners must sign. If a corporation, an authorized corporate officer must sign.

In consideration for the credit extended to the above listed corporation, the undersigned hereby guarantees and agrees to be personally liable for all indebtedness incurred by the corporation through any of its authorized agents listed above.

SIGNATURE _____

PRINT NAME _____

POSITION _____

SIGNATURE _____

PRINT NAME _____

POSITION _____

Authorization

- I hereby agree to pay all invoices in full within 30 calendar days. I authorize Trombetta Construction Materials Inc. to charge my card should my account become overdue.*

FOR OFFICE USE ONLY	
Sales Representative	_____
Sales Territory	_____
Credit Limit	_____
Credit Manager Approval	_____
Date	_____