

# ELITE REDI-MIX

41 Clearspring Road East  
Steinbach MB  
R5G 1V2

## Business Credit Application

Business/Operating Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Structure: Incorporated (\_\_\_\_) Partnership(\_\_\_\_) Sole Proprietorship(\_\_\_\_)

### Owners/Shareholders:

Name	Res Address	Phone	SIN	DOB
1.0 _____	_____	_____	_____	____/____/____
2.0 _____	_____	_____	_____	____/____/____
3.0 _____	_____	_____	_____	____/____/____

Bank/Branch: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### Trade References:

1.0 \_\_\_\_\_

2.0 \_\_\_\_\_

3.0 \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ PST Exempt # \_\_\_\_\_

Terms: All product purchase by the above business/debtor shall be paid within 30 days of purchase unless other prior arrangements have been made with Elite Redi Mix Ltd. Interest will be charged on any overdue amount owing on our account following the above terms.

The above information is submitted for the sole purpose of opening an account and I/We hereby certify the information to be true.

Authorized Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date Received (Office use only) \_\_\_\_\_