

41 Clearspring Road East Steinbach MB R5G 1V2

Personal Credit Appli	cation		
Name of Applicant:			
Address:			
		SIN No.:	
Employment information	ו:		
Current employer:	Address	:	
Phone:	Email:	Fax	
Position:		How long?	
Personal References:			
1.0			
2.0			
Credit Card Information:			
Card Type: Visa ()	MasterCard () No	Exp	
Bank Information:			
Bank/Branch		_ Account Number:	
Contact Person:			

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) _____