



Credit Application

Business contact information

Business name:			
Phone:	Fax:	E-mail:	
Address:			
City:		Province:	Postal code:
In business since:		Annual Sales:	
Sole trader: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>

Business and credit information

Postal address:			
City:		Province:	Postal code:
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		Province:	Postal code:
Credit Requested:			
AP Department Contact:			Email:

Business/trade references

Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postal code:	City:	Postal code:
Phone:		Phone:	
E-mail:		E-mail:	
Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postal code:	City:	Postal code:
Phone:		Phone:	
E-mail:		E-mail:	

Name of Company Principal Responsible for Business Transactions:

Title: _____

Address: _____ City: _____ Province: _____ Postal code: _____

Phone: _____

Bank Details

Bank Name:		
Bank Address:		
Checking Account:	Savings Account:	Loan Balance:
Contact No.:	Fax:	

Agreement

- I authorize Muskoka Concrete Solutions Inc. to verify the information provided by me from the financial organizations listed above.
- All invoices are to be paid within 30 days of the transaction date. 2% interest will be charged to past due invoices.

Signatures

Title:	Title:
Date:	Date: