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 Greely, Ontario, K4P 1N6  
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## Client Credit Application Form

**All information provided on this application will be held confidentially for Greely Sand & Gravel Inc. only.**

Please fill out the form completely and fax it back to 613-821-4069: Credit Department. PLEASE PRINT CLEARLY.

**Important:** Incomplete information will delay processing of your credit application.

Legal Name of Firm: \_\_\_\_\_

D.B.A. Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Shipping Address (If Applicable): \_\_\_\_\_

Province / State of Incorporation / Main Registration: \_\_\_\_\_

Circle Appropriate Item:    Corporation                  Partnership                  Proprietorship

Type of Business: \_\_\_\_\_ Date Business Established: \_\_\_\_\_

Estimated Monthly Purchases: \_\_\_\_\_ Number of employees: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

**Owners / Partners / Officers**

NAME	POSITION	S.I.N. NUMBER	HOME ADDRESS

PARENT COMPANY	ADDRESS	PHONE NUMBER

**Trade References:**

Supplier/Contact Name: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Supplier/Contact Name: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Supplier/Contact Name: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Supplier/Contact Name: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_



**Bank Reference:**

Name of Bank: \_\_\_\_\_ Contact Person/Title: \_\_\_\_\_  
 (Please state first & last name)

Transit #: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ - Ext: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Account #: \_\_\_\_\_

I REPRESENT THAT THE ABOVE INFORMATION IS TRUE AND IS PROVIDED TO INDUCE **GREELY SAND & GRAVEL INC.** TO EXTEND CREDIT TO THE APPLICANT. MY COMPANY AND I AUTHORIZE **GREELY SAND & GRAVEL INC.** TO PROCEED WITH A CREDIT INVESTIGATION, INCLUDING CONTACTING THE ABOVE TRADE REFERENCES, BANK AND OBTAINING CREDIT REPORTS. MY COMPANY AND I AUTHORIZE ALL TRADE REFERENCES, BANKS AND CREDIT REPORTING AGENCIES TO DISCLOSE **GREELY SAND & GRAVEL INC.** ANY AND ALL INFORMATION CONCERNING TO THE FINANCIAL AND CREDIT HISTORY OF MY COMPANY AND MYSELF.

**TERMS AND CONDITIONS**

BI-MONTHLY INVOICES ARE ISSUED AND STATEMENTS ARE PROVIDED ON A MONTHLY BASIS.  
 ALL ACCOUNTS ARE **NET 30 DAYS**. PAYMENT IN FULL IS EXPECTED **WITHIN 30 DAYS OF INVOICE DATE**.  
 COMPOUND INTEREST IS CHARGED AT A RATE OF 2% PER MONTH IF PAYMENT IS NOT RECEIVED WITHIN 30 DAYS OF INVOICE DATE.  
 NO ADDITIONAL CREDIT WILL BE EXTENDED TO PAST DUE ACCOUNTS UNLESS SATISFACTORY ARRANGEMENTS ARE MADE WITH OUR CREDIT DEPARTMENT.

**PERSONAL GUARANTEE:**

**IF THE CREDIT CUSTOMER IS A CORPORATION, THEN SIGNING OFFICER MUST SIGN THIS APPLICATION. SIGNING AS AN OFFICER, YOU PERSONALLY GUARANTEE PAYMENT FOR ALL ITEMS PURCHASED ON CREDIT BY CORPORATION**

**AGREEMENT**

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS STATED ABOVE AND AGREE. I ALSO UNDERSTAND THAT **GREELY SAND & GRAVEL INC.** CAN CHANGE ITS POLICY AND CAN CANCEL SUPPORT SERVICE AT ANY TIME.

**Name:** \_\_\_\_\_  
 (Please print first & last name)

**Signature:** \_\_\_\_\_

**Title (Owner, Partner, Officer):** \_\_\_\_\_

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

I am also faxing the completed Ontario Retail Sales Tax Purchase Exemptions Certificate.

\*If you have any questions regarding this credit application, or require assistance in its completion, please feel free to contact our Head office at 613-821-3003 and a representative will be happy to assist you.

**For Credit Department Use Only**

Credit Limit: \_\_\_\_\_ Approval 1: \_\_\_\_\_

Sales Rep: \_\_\_\_\_ Approval 2: \_\_\_\_\_