



GARTH INDUSTRIAL

EST. 1828

A DIVISION OF CONREX STEEL
 46 TABER ROAD, REXDALE, ONTARIO M9W 3A8
 TELEPHONE: (416) 747-0511 ~ FAX: (416) 747-0445

CREDIT APPLICATION AND AGREEMENT

Individual <input type="checkbox"/>	Corporation <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Other:
Corporation Name:			Date Commenced:	
Individual's Name:			Trade Style Name:	
Mailing Address:				
City:		Prov/State:	Postal/ZIP Code:	
Phone:		Fax:	Website:	
Type of Business:			Est. Annual Purchases:	
A/P Contact:			Sales Contact:	
NAMES OF ALL OFFICERS, PARTNERS OR PROPRIETOR				
1.	Name:			Title:
2.	Name:			Title:
SALES TAX				
G.S.T #:		PST/HST/QST #: (incl. Exempt form)		
State: (incl. Exempt form)				
BANKING INFORMATION				
Bank Reference:		Acct #:	Contact:	
Address:			Phone:	
TRADE REFERENCES (Preferably Steel or Other Key Supplies)				
Name:		Phone:	Fax:	
Name:		Phone:	Fax:	
Name:		Phone:	Fax:	
Will financials be available with a confidentiality agreement?				
TERMS AND CONDITIONS				
<ol style="list-style-type: none"> Terms of sale, payment in full of all accounts thirty (30) days from date of invoice unless otherwise specified, in writing, by the Seller. Late payments will result in a 1 ½% monthly interest charge (18% per annum) or on all past due amounts. Payment in full will be required prior to release of goods if adequate credit has not been previously established, or account is not current. In the event of an N.S.F. cheque, a \$50 fee will be charged. Materials will not be accepted for returns unless authorized by the Seller. Any changes in company's address, ownership, legal structure must be communicated to Garth Industrial division of Conrex Steel Ltd. within ten (10) days of such change. 				
SIGNATURES				
The applicant consents to the obtaining of credit information including banking information as may be required in connection with the credit line hereby applied for or any renewal or extension thereof. The undersigned certifies the information given in the Application is warranted to be true and correct.				
Authorized Signature:		Title:	Date:	
MUST BE SIGNED BY AN OFFICER OF THE APPLICANT, IF THE APPLICANT IS A CORPORATION.				

Please fill out and return our signed Credit Application to the Credit Department at Fax #416-747-0445