



The Convenience Stores For Metal®

Metal Supermarket GTA Branch # 524- Vaughan

Metal Supermarkets GTA ATT: Credit Dept. Tel: 905-851-7580 Fax: 905-851-6037

Email: gtaaccounting@metalsupermarkets.com

Credit Application

Trade Name _____ Legal Name _____

Billing Address _____

Shipping Address _____

Date of registration ____/____/____ Telephone _____ Fax _____

Federal Tax ID # / HST _____ Company Type: Corp [] Partnership [] LLC []

Owners, Principals, Officers _____ E-mail _____

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Table with 2 columns: Purchasing Contact, Accounts Payable Contact. Rows include Telephone, Fax, and E-mail.

Purchase Order Mandatory: YES [] NO []

TRADE REFERENCES (REQUIRED) ** ANY INFORMATION MISSING WILL DELAY OPENING UP OF THE ACCOUNT**

Table with 3 columns: Company Name, Address, E-mail, Telephone, Fax.

BANK INFORMATION

Name _____ Contact _____ Phone# _____

Address _____ Account# _____

Maximum Credit Required From Metal Supermarkets _____

Terms of payment are net 30 days from date of invoice. Outstanding balances may be subject to a late penalty of 18% per annum. The undersigned authorizes and releases bank, person and companies listed on this application, to furnish information and authorizes the checking of credit. The undersigned agrees to pay all collection costs, court cost and legal fees incurred to collect delinquent balances. The undersigned certifies that the information furnished in this application is true and correct, and has read and agreed to all the terms conditions of this agreement.

Authorized Signature _____ Date _____

Print Name and Title _____