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Application For Credit

	Code			
		(For office use only)		
Date	Email Address:			
COMPANY INFORM	MATION:			
Full Legal Name/Bus	siness Entity			
Phone number	Fax number	Fax number		
Billing Address	City	Pro/State	Postal code/Zip	
Shipping Address	City	Pro/State	Postal code/Zip	
Years in Business				
GST/HST #	USA F	USA Federal ID #		
President/Owner	Phone #	<i>‡</i>	Email address	
Accounts Payable	Phone	#	Email address	
Purchasing	Phone	#	Email address	

BANK REFERENCES

Bank Name		Contact	Phone #
Address	City	Pro/State	Postal Code/Zip
CREDIT REFERENCE	S		
Company Name # 1		Contact	
Address	City	Pro/State	Postal Code/Zip
Phone #	Fax #	Email	
Company Name # 2		Contact	
Address	City	Pro/State	Postal Code/Zip
Phone #	Fax#	Email	
Company Name # 3		Contact	
Address	City	Pro/State	Postal Code/Zip
Phone #	Fax #	Email	
Upon approval of credit I hereby certify the above			horized signature

^{**}THIS APPLICATION MUST BE SIGNED AND APPROVED BEFORE PROCEEDING WITH AN ORDER***