



O/S Rep _____	I/S Rep _____
Class _____	Del. Area _____

### CREDIT APPLICATION

<input checked="" type="checkbox"/> <b>Corporate Credit Department</b>	BRANCH #	PHONE	FAX
		<b>(780) 801-4077</b>	<b>(780) 463-5526</b>
		RMCLCredit@rmcl.com	
<input type="checkbox"/> 1451 rue Louis-Blériot, Mascouche, QC	841	(450) 661-5181	(450) 661-0422
<input type="checkbox"/> 305 Pendant Dr., Mississauga, ON	842	(905) 564-0866	(905) 564-1921
<input type="checkbox"/> 6925 - 8th Street, Edmonton, AB	843	(780) 801-4015	(780) 463-1215

LEGAL NAME: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE# \_\_\_\_\_

CITY: \_\_\_\_\_ FAX# \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ GST# \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_ PST# \_\_\_\_\_

INVOICE INSTRUCTIONS:  EMAIL  FAX  MAIL \_\_\_\_\_

Please List Owners, Partners, Officers and Ownership:

NAME: _____	TITLE: _____	Year Established: _____
NAME: _____	TITLE: _____	Fiscal Year End: _____
NAME: _____	TITLE: _____	Est. Annual Purchases: _____

<u>TYPE OF BUSINESS:</u>	<u>LOCATION:</u>	<u>BANK INFO:</u>
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OWNED	BANK: _____ ADDRESS: _____
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LEASED	BRANCH # _____ PHONE: _____
<input type="checkbox"/> PROPRIETORSHIP		ACCOUNT# _____ CONTACT: _____

PURCHASER \_\_\_\_\_ ACCOUNTS PAYABLE \_\_\_\_\_

TRADE REFERENCES:

SUPPLIER NAME:	CONTACT:	PHONE:	FAX:
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

I/We do hereby authorize Earle M Jorgensen to obtain such credit or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account. Terms and Conditions of Sales are Net 30 days from invoice date. We hereby agree to pay your account according to your Terms of sale and we understand is chargeable on all amounts in arrears as outlined in Terms and Conditions of Sale and may also be set forth on our invoice. Failure to comply with these Terms & Conditions may result in cancellation of credit privileges without notice.  
 For Terms & Conditions, please visit our website: [http://www.emjmetals.com/pdf\\_indexer/pdfs/Canadian\\_SalesTerms\\_Conditions\\_%28English%29.pdf](http://www.emjmetals.com/pdf_indexer/pdfs/Canadian_SalesTerms_Conditions_%28English%29.pdf)

PRIVACY POLICY AND CONSENT: I acknowledge that Earle M Jorgensen may collect personal information from me, as defined by the Personal Information Protection and Electronic Documents Act or other provincial legislation. I consent to the use of this information for the purposes described in Earle M Jorgensens Privacy Policy its statement for customers.

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_ DATED: \_\_\_\_\_