180 Edinburgh Dr. Moncton, N.B. E1E 2K7 Tel. (506) 854.Core Fax. (506) 384.Core Info@Metalcore.ca www.metalcore.ca





То:	Credit Depai	rtment	From:		
Fax:	506-384-267	3	Pages	2 (including cover)	
Phone:		Date:			
Re:	e: Account Application		CC:		
□ Urg	ent × For I	Review	☐ Please Comment	☐ Please Reply	X Please Recycle
• Con	nment				

**ATTN: CREDIT DEPARTMENT ONLY** 



(Please Print or Type)
CONFIDENTIAL

## **ACCOUNT APPLICATION**

DATE:			
LEGAL BUSINESS NAME:			
Corporatio	on Partnership	Proprietorship	Other
BILLING ADDRESS:		<u> </u>	
CITY:PROV	INCE:	POSTAL CODE:	
PHONE: ( )	Fax: ( )		
SHIPPING ADDRESS (if different):			
TYPE OF BUSINESS:			_
Estimated Annual Purchases #:	#Yes	ars in Business:	
Authorized Purchaser:	Phone:		Fax:
EMAIL ADDRESS: Purchase Order Required: Yes	No		
Accounts Payable Contact:	Phone:		Fax:
EMAIL ADDRESS:			
Invoicing options: Fax:E-r	nail:		
TRADE REFERENCES: Name	Phone	-	ax
1			
2			
3	-	<del></del>	
BANK: ADDRESS:			
Account Manager:	Phone:	Fax:	
Account #:			
AMOUNT OF CREDIT REQUESTED: \$_			
TERMS AND CONDITIONS: Terms of sale in writing, by the Seller. MetalCore TERMS expressly agreed to in writing by all parties	AND CONDITIONS supercede any a	nd all other contracts, o	locuments and/or purchase orders,
all past due amounts. Customer does here approval of this application. Materials will r payment is made. In the event of an N.S.F result in cancellation of credit priveleges wi	not be accepted for returns unless aut	horized by the Seller. T	Title to materials will not pass until
Officer's Signature:		)ate:	
Omoor a dignature.		/u.u.	
Title:			