

Title:

CREDIT APPLICATION 125 Bismarck Street, Springfield MB R5R 0H6

25 Bismarck Street, Springfield MB R5R 0H6 Phone: 204-224-1472 **Fax: 204-224-6226**

E-Mail: ar@brunswicksteel.com

				C	OMPANY	INFORMAT	ON		
	NEW ACCOUNT	EXISTING AC	COUNT	LIMIT R	REQUEST	ED () !	\$1,500	Other	\$
	COMPANY TYPE:	Proprietorship	Part	tnership	() In	corporated Par	tnership () Corporatio	n () Other
	Company name:					Legal name:			
	Billing address:				Ship to:				
	City or town:					City or town:			
	Province:		Postal code	e:		Province:			Postal code:
1	Phone: Fax:			c:		Alt phone:			
	Purchasing contact:			Phone: Fax:					
Section	E-Mail:								
	A/P contact:			Phone:				Fax:	
	E-Mail:								
	ELECTRONIC PROOF OF DELIVERY CONTACT								
	Email to receive Shipping/BOC documents: PRINCIPALS (Owners, Partners or Corporate Officers)								
	Name:		Title:	ALS (O	Address:	artifiers of Co	orporate On	iicers)	Phone:
	Name:		Title:		Address:				Phone:
	Name:		Title:		Address:				Phone:
Ť									
ŀ	If operating less then 2 yrs pre	evious business name:							Path and and Chy Chy
ŀ	Nature of business:	Exempt: ()Ye	- ()No	OOT #		Yrs in business:		W	Po's required: []Yes []N
	PST #: Exempt: []Yes []No GST #: If exempt please provide GST exemption certificate BANK INFORMATION								
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Jection	Bank:		Transit #:			Contact name: Phone: Account #:		ii exem	
aection B	Bank: Address:					Contact name: Phone:		ii exem	
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Authorized signature: