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CREDIT APPLICATION FORM

Legal Name of Business: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone #: _____ Fax #: _____

Officers/Partners/Owners:

(1) _____ (2) _____

(3) _____ (4) _____

Own: _____ Rent: _____ Annual Sales: _____ Years in Business: _____

Amount of Credit Required: \$ _____ Contact: _____

REFERENCES

Bank: _____ Phone #: _____

Branch: _____ Account #: _____

Trade (1) _____ Phone #: _____

Trade (2) _____ Phone #: _____

Trade (3) _____ Phone #: _____

P. O. Required? Yes ___ No ___ PLEASE PROVIDE PST EXEMPTION FORM IF APPLICABLE

The applicant agrees that all accounts are due and payable upon receipt of the invoice unless otherwise stipulated in writing and that a service charge of 2% per month (24%per annum) will be paid by customer on all other amounts over 30 (thirty) days of invoice.

THE APPLICANT(S) HEREBY AUTHORIZE ROMA FENCE LTD. TO OBTAIN THE CREDIT INFORMATION AND REPORTS NECESSARY TO COMPLETE THIS APPLICATION AND TO RELEASE CREDIT INFORMATION AS REQUIRED.

** Allow 2 (two) weeks for processing this application **

Customer Signature: _____

Title: _____

Date: _____