



CUSTOMER CREDIT APPLICATION

The Information on this Form will be held in Strict Confidence

Before submitting this form familiarize yourself with SiteSafety's Terms of Credit. All accounts when rendered are due and payable and bear interest of 2% per month after thirty days of their date without exception. Your own accounting and payment practices do not over ride this policy. By submitting this credit application you are agreeing to the SiteSafety Traffic Plan Services Terms of Credit.

Company Name:			
Address:			
City:		Province:	
Postal:			
Telephone:	Fax:	E-mail:	Postal:
Billing Address: Same as Above: <input type="checkbox"/>			
City:		Province:	
Postal:			
Nature of Business:			
Member of Local 1611 - Construction & Specialized Workers Union: Yes <input type="checkbox"/> No <input type="checkbox"/>			Years in Business:

Credit Limit Required: \$	
Company Principal(s) Name:	Name:
Address:	Address:
Direct Telephone:	Direct Telephone:
Name of Bank:	
Address of Bank:	
Telephone:	Account Number:

Trade Reference #1: Name:	
Contact Person:	Phone No: ()
Trade Reference #2: Name:	
Contact Person:	Phone No: ()
Trade Reference #3: Name:	
Contact Person:	Phone No: ()
Note: Be sure that name and contact number are accurate as trade references will be contacted as a matter of course.	

The Applicant understands and agrees that the above information is for the purpose of obtaining credit and the information is warranted to be true. I/we authorize SiteSafety Traffic Plan Services or its agents or employees to contact the persons and companies set out and make enquiries of the credit worthiness of the Applicant or to obtain a credit report sufficient to establish the bona fides and financial ability of the Applicant to pay accounts rendered in a

Signature _____ Print Name _____ Date (dd/mm/yyyy) _____

FOR OFFICE USE ONLY: Credit Granted: <input type="checkbox"/> Declined: <input type="checkbox"/> Credit Limit: \$ _____
Notes: