

2448 - 9th Avenue S.E. Calgary, AB T2G 0V7

T:403-264-0808 F: 587-883-0099

admin@steelestransfer.com

APPLICATION FOR CREDIT ACCOUNT				
Name:				
Address:				
City:	Prov:		Postal code:	
Phone number:		FAX:		
E-mail:		Website:		
	Billing Office Ad	ddress(if a	lifferent than a	bove)
Name:				
Address:				
City:	Prov:		Postal code:	
Phone number:		FAX:		
E-mail: (for us to se	end invoices to)			
	Desc	ription of	Business	
Type of Busines:				
Business Structure (Sole Proprietorship, Corp, Partnership etc):				
Years in Business: Number of Employees: GST #:				
Acct. Payable Contact:	1.13.11.13.1.	1.2,30	E-mail:	
Phone #:		Extension		Fax:
Bank Information				
Name of Bank:				
Bank Address:				
Account number:		7	Fransit number:	
Contact:		Phone :	Tanol Hambon	
Contact.	T	rade Refer	ences	
#1 Firm Name:	•	ado Moror	011000	
Contact:				
Address:				
City:	Prov:		Postal Code	
Phone #:	ļi 10V.	Fax #:	i ostar oode	
E-mail:		ı ux ıı.		
L maii.				
#2 Firm Name:				
Contact:				
Address:				
City:	Prov:		Postal Code	
Phone #:		Fax #:	i ostar oode	
E-mail:		Ι αλ π.		
L Mail.				
#3 Firm Name:				
Contact:				
Address:				
City:	Prov:		Postal Code	
Phone #:	Ji 10V.	Fax #:	i ostal code	
E-mail:		ι αλ #.		
L-IIIaii.	Driv	ncipals and	d Torms	
Principals and Terms  Name of Principal Officers				
Name of Principal Office	DE19		Title:	
Name			Title:	
TERMS & CONDITIONS: Submitting this Application for Credit also indicates your acceptance				
of Steele's Transfer Ltd. Terms & Conditions and any additional charges as explained on				
Steele's Value Added Services guide. Both of these documents are published and available at				
www.steelestransfer.com				
Signature of Principal (	Officer:		Title:	