



MANTLE

MATERIALS GROUP

Credit Application

Business Name: _____ Credit Limit Requested: _____

Physical Address: _____

Mailing Address (if different): _____

Phone: _____ Fax: _____ Email: _____

Type of Business: _____ How Long in Business: _____

Limited Company ____ Corporation ____ Partnership ____ Sole Owner ____

Tax Exempt: Y or N - If "Y", Tax Exempt # _____ (Certificate must also be provided)

PO Required: Y or N Cheque Run Dates: _____

GST #: _____

Name & Title of Officers:

Name: _____ Title: _____ Cell: _____

Name: _____ Title: _____ Cell: _____

Name: _____ Title: _____ Cell: _____

Name: _____ Title: Accounts Payable Cell: _____

Bank Information:

Name of Bank: _____ Bank Contact: _____

Address: _____ Phone #: _____

Account #: _____

Bank Line of Credit: \$ _____



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Mantle Materials Group, Ltd.
P.O. Box 6977, Bonnyville, AB T9N 2H4
Ph: (780) 826-1774 Fax: (780) 826-6280
www.mantlegroup.ca



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Trade References:

Name: _____ Phone#: _____

Address: _____

Email: _____ Fax #: _____

Name: _____ Phone#: _____

Address: _____

Email: _____ Fax #: _____

Name: _____ Phone#: _____

Address: _____

Email: _____ Fax #: _____

I, _____ of _____,
(please print name) (please print business name)

understand and agree that all invoices are due within the terms of NET THIRTY (30) days. I authorize Mantle Materials Group, Ltd. to make the necessary credit inquiries to establish my credit status.

Authorized Signature

THIS SECTION FOR INTERNAL USE ONLY		
Reviewed by:	Signature:	Date:

RETURN BY EMAIL TO: tenille.paul@mantlegroup.ca



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