



HEAD OFFICE
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 unicon.ca

CREDIT APPLICATION

Legal Name: _____
Business Name: _____
 Address: _____ City: _____
 Province: _____ Postal Code: _____
 Mailing Address:(if different than above)

 Phone # _____ Fax #: _____
 Cell # _____
 AP Email: _____
 Main Business function: _____

Type of Business:
 Corporation
 Partnership
 Proprietorship
 Length of time in business (yrs) _____
 PO#'s Required?

Credit Required \$

Do you want to receive specials through email?

Owners & Shareholders:

Name	Address	% Interest
_____	_____	_____
_____	_____	_____

Bank account information is mandatory for set up.

Bank: _____ Bank# _____ Trans# _____ Account #: _____
 Address: _____ Phone #: _____
 Credit Card #: _____ Expiry Date: _____ CSV _____
 Credit Card #: _____ Expiry Date: _____ CSV _____

Credit References: MUST include 3 references (other suppliers)

Name	Phone #	Email Address
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

I / We _____ apply to you for credit for the supply of services and materials with the application for credit concurrently made. I / We will jointly and severally indemnify you, and see you paid for your account with respect to any order now or hereafter made by any of us. I / We agree to pay our account within thirty (30) days following purchase. Should I / We not pay our account within thirty (30) days of the purchase date, I / We agree to pay interest at the rate of 2% per month (26.82% per annum) commencing on the **DATE OF PURCHASE**. Should I / We fail to pay our account when due and should Unicon be required to take legal steps to collect the outstanding account, I / We the customer agree to pay all of Unicon's legal costs on a solicitor and client basis. Further, goods remain the property of Unicon until paid in full. I / We understand and consent to you obtaining a consumer report containing personal and / or credit information in connection with this transaction. I hereby authorize Unicon Concrete Specialties Ltd. to charge any outstanding charges to the above stated credit card(s).

Dated at _____, This _____ day of _____ 20 _____

Principle Signatures: _____

Office use only:
 Customer # Assigned: _____ Monthly Credit Limit: \$ _____ Approved by: _____