

CREDIT APPLICATION ATHENS (HEAD OFFICE): 109 Washburn Road Athens ON, K0E 1B0 SWEETS SAND & GRAVEL: 3299 County Road 32 Seeley's Bay ON, K0H 2N0 KEMPTVILLE: 1370 County Road 43 Kemptville ON, K0G 1J0

FAX 613-924-2742 OR accrec@tackaberryconstruction.com

SECTION #1 BUSINESS ACCOUNT													
Business Name:						Legal Name:							
Full Name of Principal Owner:						Business Mailing Address:							
Principal Address:						City:							
City:						Province: P				Posta	Postal Code:		
Province: Postal Co				ode:			Phone: Fa				ax:		
Phone: Fax:							Accounts Payable Contact:						
Email Address:						(A/P) Email Address:							
Sole Proprietorship: Corpor						Website:							
Partnership: Business #:													
Date of Incorporation/Registration:							Nature of Business:						
SECTION #2 PERSONAL ACCOUNT													
First Name:										Cell:	ell:		
Last Name:						Work Phone:							
Address:						Date of Birth (Y/M/D):							
City: Province:			e:				Email Address:						
Postal Code: S.I.N:					Employer:								
SECTION #3 REFERENCES (Trade)													
(1)Name:			Address		SS:				City:	City:		Prov:	
Phone: Fax:			Contact:				Email:			:			
(2)Name:			Address:						City:	City:		Prov:	
Phone: Fa			x: Contact:			Email:							
(3)Name:			Address:						City:	ity: Prov:			
Phone: Fax:			Contact:						Email	Email:			
SECTION #4 BANKING													
Bank Name: Address:						Account #:							
Phone: City			/:					Postal Code:			Province:		
Contact: Email:							·			Fax:			
SECTION #5 TERMS & CO							ITIONS						
Credit Limit Requested: \$													
Description of Project:													
UPON SIGNING THE INFORMATION PROVIDED ABOVE IS CERTIFIED TO BE TRUE AND CORRECT. THE INFORMATION PROVIDED WILL BE USED TO MAKE THE CREDIT DECISION.													
I ACKNOWLEDGE THAT G. TACKABERRY & SONS CONSTRUCTION COMPANY LIMITED MAY HAVE COLLECTED PERSONAL INFORMATION, AS DEFINED BY PERSONAL INFORMATION PROTECTION AND ELECTRONICS DOCUMENT ACT. THE INFORMATION COLLECTED IS SOLELY FOR THE PURPOSE OF DETERMINING THE CREDITWORTHINESS. WE/I EXPRESSLY AUTHORIZE G. TACKABERRY & SONS CONSTRUCTION COMPANY LIMITED TO OBTAIN, USE AND EXCHANGE CREDIT INFORMATION RELATING TO THE APPLICANT COMPANY AND ITS OFFICERS.													
Signature of Applicant: (must have signing authority)				Print Name:						Date (<i>Y/M/D</i>):			
Position:				Contact Number:				Email:					
Office Use:	Account #: Credit limit:			mit:			Approved By:				Date(Y/M/D):		