

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

**BUSINESS AND CREDIT INFORMATION**

|  |                                      |                                      |                                |
|--|--------------------------------------|--------------------------------------|--------------------------------|
| Title  |                                      |                                      |                                |
| Company name                                 |                                      |                                      |                                |
| Phone /Fax                                   |                                      |                                      |                                |
| E-mail                                       |                                      |                                      |                                |
| Company Address                              |                                      |                                      |                                |
| City, Province Postal Code                   |                                      |                                      |                                |
| Business Age                                 |                                      |                                      |                                |
| Credit Required                              |                                      |                                      |                                |
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Other |

**BUSINESS/TRADE REFERENCES**

|                            |  |        |  |
|----------------------------|--|--------|--|
| Company name               |  | Phone  |  |
| Contact Name               |  | Mobile |  |
| Address                    |  | Fax    |  |
| City, State Postal Code    |  | E-mail |  |
| Type of account            |  | Other  |  |
| <hr/>                      |  |        |  |
| Company name               |  | Phone  |  |
| Contact Name               |  | Mobile |  |
| Address                    |  | Fax    |  |
| City, Province Postal Code |  | E-mail |  |
| Type of account            |  | Other  |  |
| <hr/>                      |  |        |  |
| Company name               |  | Phone  |  |
| Contact Name               |  | Mobile |  |
| Address                    |  | Fax    |  |
| City, Province Postal Code |  | E-mail |  |
| Type of account            |  | Other  |  |

**AGREEMENT**

1. All invoices are to be paid with 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Maple Concrete Pumping to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

|                |  |                |  |
|----------------|--|----------------|--|
| Signature      |  | Signature      |  |
| Name and Title |  | Name and Title |  |
| Date           |  | Date           |  |

This Application can be emailed to [sales@maininfrastructure.com](mailto:sales@maininfrastructure.com) or faxed to 416-248-1202