



The Convenience Stores For Metal®

CREDIT APPLICATION

Email to: adminbc@metalsupermarkets.com

Fax to: 604-513-9864

Legal Business Name: _____

Trade Name (if different from above): _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Phone: _____ Fax: _____

Limited Co. Partnership Proprietorship Years in business _____ Credit Limit Requested \$ _____

Name(s) of Principals: _____ E-mail: _____

Contact name for purchasing: _____ E-mail: _____

Contact name for payables: _____ E-mail: _____

Invoicing Preference (check one): by Mail by Email Are Purchase Orders required? Yes No

Email address for invoices: _____ PST Exemption No. (if applicable): _____

Bank: _____

Branch: _____ Tel: _____

Account Manager: _____ E-mail: _____

Supplier References – Company Name: _____ Contact Person: _____ **EMAIL or FAX:**

1. _____

2. _____

3. _____

TERMS OF SALE are NET 30 DAYS from the date of invoice. Interest on past due accounts is 2% per month. Charges for collection of past due accounts will be paid by the customer. Metal Supermarkets is committed to your privacy; information collected is kept confidential and will only be used to establish and maintain an account.

I confirm that I have read and understand the terms of sale conditions and that all information on this application is true and correct. I authorize the release of credit information required to establish an account.

Signature of authorized signing officer: _____ Date: _____

Print Name: _____ Title: _____

Metal Ventures Inc.

Operating Metal Supermarkets stores in the Metro Vancouver Area
With locations in Burnaby, Langley and Richmond