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Please Note: We now accept VISA and MASTERCARD for your convenience.

FOR OFFICE USE ONLY

ACCOUNT NO. _____ SLSMAN NO. _____

TERMS _____ CREDIT LIMIT: _____

OPENED: _____ APPROVED: _____

Company Operating Name:	Registered Legal Name:
Address:	Telephone:
City/Province:	Fax:
Postal Code:	E-Mail:
Nature of Business:	In Business Since: # of Employees:
Credit Amount Request: \$	P.S.T. #: (Attach Exemption Form)
<input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Proprietorship <input type="radio"/> Division/Subsidiary <input type="checkbox"/> -- Parent Company:	Premises: <input type="radio"/> Rented <input type="radio"/> Owned Approx Sq. Footage _____ Landlord: Telephone #
COMPANY PRINCIPALS:	
Name: _____ Title: _____	Address: _____ Telephone: _____
Name: _____ Title: _____	Address: _____ Telephone: _____
Accounts Payable Contact:	Purchasing Contact:
FINANCIAL INFORMATION:	
Bank: _____ Account No: _____	Acct Manager: _____
Address: _____	Telephone: _____
VISA A/C# _____ MASTERCARD A/C # _____	Cardholder Name: _____ Expiry: _____
Estimated Net Worth: _____ Annual Sales: _____	Stmts Available: Yes No
TRADE REFERENCES:	
Name: _____ Contact: _____	Telephone: _____
Name: _____ Contact: _____	Telephone: _____
Name: _____ Contact: _____	Telephone: _____
CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY	
<p>I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Del Metals in determining the amount and conditions of credit to be extended. I understand that Del Metals may also utilize the other sources of credit which it considers necessary in making this determination. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Del Metals in establishing a line of credit.</p>	
_____	_____
SIGNATURE	TITLE
<p>POLICY STATEMENT: INITIAL ORDER FROM NEW ACCOUNTS WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THE ABOVE REQUESTED INFORMATION.</p> <p>TERMS: NET 30 DAYS FROM DATE OF INVOICE UNLESS OTHERWISE STATED.</p>	