

STEEL SERVICE CENTRE

Box 249 - 221 7th St. East Brooks, Alberta T1R 1B3 Phone (403) 362-3544 - Fax (403) 362-7042 E-mail: brooksindustrialmetals@telus.net

Application for Credit

Please Print or Type

Company Name:	Phone:	
Email:		ax:
Registered Legal Name:		•
Invoice Address:	Postal Co	de:
Town / City Name:		
Company Legal Structure: Sole Proprietorship	•	Corporation
Date Business Started:	Premises: Ow	ned Rented
Principal Owner(s):		
	Cell Number: Email:	
	Fax:	
Email:		
Amount of Credit Requested:	P.O.	Required: YesNo
Primary Bank:	City:	Phone:
Your Business Trade References (If applic	cable please provide your p	revious Metal Supplier)
Company Name	<u>City/Town</u>	Phone & Fax Number (Both Required)
1.		Phone:
*		Fax:
2		Phone:
		Fax:
3.		Phone:
		Fay [.]

Terms of agreement

This agreement is made between the Applicant and Brooks Industrial Metals Ltd.

All invoices must be paid by the end of the month following the invoice date. Accounts not paid within 60 days shall be deemed to be "overdue accounts" and the account will be put on hold until paid. Cheques that are returned NSF will be subject to a charge of \$25 per cheque.

Interest at the rate of 1 1/2% per month, 18% per annum, will be charged on all balances over 60 days.

Should it be necessary to use the services of a lawyer to collect your overdue balance, the applicant agrees to pay for such legal services.

Note: Giving credit is a privilege not a right.

I Authorize Brooks Industrial Metals Ltd. To obtain and/or exchange personal information with any personal information agent towards establishing or verifying my financial standing.

Signature:		Your Printed Name:	
*Must be signed by a p	erson that has signing authority	on behalf of the above mentioned	company.
For Brooks Industrial	Metals Ltd. Office		
Approved By:	Brooks Industrial Metals Ltd.	Effective Date:	
Amount Approved:	DIOUKS IIIUUSIIIAI MEIAIS EIU.		
Credit Check By:			·