



## APPLICATION FOR CREDIT

Confidential Credit Information

Phone: 204-224-9218

Email: ar@hmcl.ca

**In order to process your request, all fields with an "\*" must be completed.  
Please ensure this application is signed and attached a company credit profile.**

\_\_\_\_\_  
\*Customer Name(Individual or Company)

\_\_\_\_\_  
\*Mailing Address

\_\_\_\_\_  
\*(Doing Business As) Trade Name

\_\_\_\_\_  
Physical Address (If Different From Mailing Address)

\_\_\_\_\_  
\*Phone Number

\_\_\_\_\_  
\*Fax Number

\_\_\_\_\_  
Main Company Function (ie. Drywall, Steel Erection, Electrical, Plumbing, Windows)

### BUSINESS INFORMATION

\*In Business Since: \_\_\_\_\_

\*Principals: \_\_\_\_\_

\*Position: \_\_\_\_\_

\_\_\_\_\_  
\*AP Contact Name (Please Print)

\_\_\_\_\_  
\*Title

\_\_\_\_\_  
\*Phone

\_\_\_\_\_  
\*Fax

\_\_\_\_\_  
\*Email Address

\*Have you ever file bankruptcy? \_\_\_\_\_ (If yes, please attach details) \*P.O. Required? \_\_\_\_\_ \*Is your organization tax-exempt? \_\_\_\_\_ (If yes, please attach details)

### BANKING INFORMATION

\_\_\_\_\_  
\*Bank Name

\_\_\_\_\_  
\*Address

\_\_\_\_\_  
\*Account Number

\_\_\_\_\_  
\*Phone#

\_\_\_\_\_  
Fax#

### TRADE REFERENCES (Excluding Fuel & Finance Companies) - Attach a Separate Sheet If Needed

**Lilyfield Quarry Inc. requires at least three good, verifiable references**

\_\_\_\_\_  
\*Name

\_\_\_\_\_  
\*Address

\_\_\_\_\_  
\*Phone

\_\_\_\_\_  
\*Fax

\_\_\_\_\_  
\*Email Address

\_\_\_\_\_  
\*Name

\_\_\_\_\_  
\*Address

\_\_\_\_\_  
\*Phone

\_\_\_\_\_  
\*Fax

\_\_\_\_\_  
\*Email Address

\_\_\_\_\_  
\*Name

\_\_\_\_\_  
\*Address

\_\_\_\_\_  
\*Phone

\_\_\_\_\_  
\*Fax

\_\_\_\_\_  
\*Email Address

**PAYMENTS DUE 30 DAYS FROM THE DATE OF THE INVOICE: 2.0% INTEREST CHARGED PER MONTH ON ALL OVERDUE INVOICES\*** By submitting the application, you agree to keep the credit card on file to be charged for any invoice/s above the approved credit limit and/or 60 days overdue.

**CREDIT CARD AUTHORIZATION FORM**

**PLEASE COMPLETE THIS AUTHORIZATION**

**All information will remain confidential**

**Name on Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Credit Card Type:**      

**Credit Card Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Card Identification Number** \_\_\_\_\_ (last 3 digits located on the back of the credit card or 4 digits on the front if paying by AMEX)

I authorize **LILYFIELD QUARRY INC.** to charge the credit card provided herein plus the corresponding credit card fees. I agree to pay for this purchase/s in accordance with the issuing bank cardholder agreement.

Cardholder - Please sign and Date

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_