

Linterra Aggregates Ltd.
 375-Unit 8, 6014 Vedder Rd
 Chilliwack, BC V2R 5P5

CREDIT DEPARTMENT
 P: 604-701-3397 | billing@linterra.ca
 GENERAL
 P: 604-701-3395 | F: 604-702-5609

Please complete this form and return to our credit representative - billing@linterra.ca or fax (604-702-5609).

COMPANY NAME		PHONE	AP CONTACT
<input type="text"/>		<input type="text"/>	<input type="text"/>
BILLING ADDRESS		EMAIL	AP CONTACT PHONE
<input type="text"/>		<input type="text"/>	<input type="text"/>
CITY	POSTAL	FAX	AP CONTACT EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OWNER/PRINCIPLE		OWNER/PRINCIPLE PHONE	BUSINESS START DATE
<input type="text"/>		<input type="text"/>	<input type="text"/>
CORPORATION	PROPRIETOR	PARTNERSHIP	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PST EXEMPT? (IF EXEMPT, PROVIDE REG #)		PURCHASE ORDERS REQUIRED?	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PST REG #			
<input type="text"/>			

TRADE REFERENCES - NAME, ADDRESS AND PHONE (3 REQUIRED)

1
2
3

BANKING INFORMATION

FINANCIAL INSTITUTION / BANK	BRANCH	ACCOUNT #
<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT	PHONE	FAX
<input type="text"/>	<input type="text"/>	<input type="text"/>
ESTIMATED MONTHLY PURCHASES	CREDIT LINE REQUESTED	
<input type="text"/>	<input type="text"/>	

The above information is provided for the purpose of extending credit to our company on Linterra Aggregates' payment terms. To the best of our knowledge, the information is accurate and can be relied upon in making your credit decision. We authorize our bank and references to furnish any information necessary to complete your evaluation of our credit history.

NAME & SIGNATURE	TITLE	DATE
_____	_____	_____
LINTERRA OFFICE USE ONLY		
CREDIT REVIEW COMPLETED BY	COMMENTS / RECOMMENDATION	
<input type="text"/>	<input type="text"/>	
APPROVED?	MANAGER AUTHORIZATION	DATE
YES		
<input type="checkbox"/>		
NO		
<input type="checkbox"/>		
ASSIGNED TERMS & LIMIT		
<input type="text"/>		