

MID-CANADA REINFORCING INC.

6B ST.PAUL BLVD

West St.Paul Blvd Manitoba R2P 2W5

Tel: 338- 6070 Fax: 338- 6071

Please fill out accurately:

Credit Application	P.S.T. Lic. # if purchase is exempt. :
	Date Business Started:
Date:	

Company:	Tel:
Address:	Fax:
City, Province, Postal Code:	Email address:

Will you make payments from email invoices, please check one Yes No

Names of Owners, Partners or Officers	
Name	Title

Trade References		
Name	Address	Fax & email

Bank Information		
Bank:		Bank:
Branch:		Branch:
Tel: Acct.#		Tel: Acct.#
Authorization: In connection with my application for credit, I hereby consent that MID-CANADA REINFORCING INC., conduct and/or cause to be conducted a personal investigation. It is further agreed and acknowledged that all credit extended shall be subject to payment within 30 days of invoice date. Invoices not paid in thirty days will be charged on the credit card on the thirty first day. Please include card# and expiry date below failure to do so will result in a C.O.D. account. CREDIT CARD # EXPIRY DATE		
Date:	Signature:	Title: