

## REGINA BRANCH CUSTOMER CREDIT APPLICATION

825 MacKay Street • Regina, SK • S4N

2S3

Company Name				
Mailing Address				
Street Address for Shipping Purposes				
City		Province	Postal Code	
Phone # (s)		Fax #		
te Business Started No. of Staff		Premises: owned  or rented		
Is company a: Corporation Partnership Proprietorship				
Principal (s) or owner (s)				
Accounts Payable Contact Name & Email				
Type of Business				
GST Exemption#	PST Exemption #	Account Exempt Yes 🗆 No 🗆		
IN CONNECTION WITH MY APPLICATION FOR CREDIT, I HEREBY CONSENT THAT WALLACE CONSTRUCTION SPECIALTIES LTD. MAY CONDUCT A CREDIT INQUIRY.				
Bank	Address			
Contact		Phone #	Fax #	
Anticipated Credit Limit Required \$				
	MAIN SUPPLIERS			
Supplier Name	Su	pplier City, Province	Supplier Fax # or Email	
1.				
2.				
3.				
4.				
<b>TERMS OF SALE:</b> Our credit terms are Net 30 days from date of purchase. If credit is granted, I/we do hereby agree jointly and individually, to pay for all materials supplied. Interest charges of 2% (24% p.a) applies to all charges beyond our terms of Net 30 days. The purchaser hereby grants as security for credit terms, a Purchase Security Interest in all products are services sold to the purchaser.				
PRIVACY POLICY AND CONSENT:       I acknowledge that WALLACE CONSTRUCTION SPECIALTIES LTD. may have collected personal information from me, as defined by the Personal Information Protection and Electronics Documents Act or other provincial legislation.         I also acknowledge that WALLACE CONSTRUCTION SPECIALTIES LTD'S. Privacy Policy and its Statement is located on its website at www.wallace.sk.ca and is available for downloading for my information.         I consent to the use of this information for the purposes described in WALLACE CONSTRUCTION SPECIALTIES LTD'S privacy policy.				
Signature		Date		
Title				

## **PERSONAL GUARANTEE**

UNLIMITED and CONTINUING

## To: WALLACE CONSTRUCTION SPECIALTIES LTD.

825 MacKay Street, Regina, SK. Canada S4N 2S3

For valuable consideration, I, the undersigned, do hereby guarantee to you the payment of all moneys which shall at any time hereafter be due to you by:

	(Company Name)	
This guarantee shall be bindi	ng upon my heirs, executors, and adm	inistrators.
This guarantee is to be a cont	inuing guarantee.	
I witness whereof, I, the unde	ersigned, have hereunto set my hand	
This	day of	A.D. 20
Guarantor Signature		
Guarantor Printed Name & T	tle	
Street Address and City		
Signed in the presence of		
(Witness Portion must be co	mpleted)	
Witness Signature		
Witness Printed Name		
Street Address and City		

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PLEASE COMPLETE ALL PAGES



## **BANK INQUIRY AUTHORIZATION**

I hereby authorize you to provide banking information to WALLLACE CONSTRUCTION SPECIALTIES LTD. in support of our application for a credit account.

BANK NAME	
ADDRESS	
CITY/PROVINCE	
TELEPHONE	
FAX	
BANK REPRESENTATIVE	
BANK ACCOUNT NUMBER	
COMPANY NAME	
COMPANY ADDRESS	
AUTHORIZATION SIGNATURE	
PRINT NAME	
TITLE	
DATE	

**Privacy Policy and Consent:** I acknowledge that WALLACE CONSTRUCTION SPECIALTIES LTD may collect personal information from me, as defined by the Personal Information Protection and Electronics Documents Act or other provincial legislation. I also acknowledge that WALLACE CONSTRUCTION SPECIALTIES LTD'S Privacy Policy and its statement is located on its website at <u>www.wallace.sk.ca</u> and is available for downloading for my information.