



**NELSON  
AGGREGATE  
CO.**

**CREDIT APPLICATION & AGREEMENT**  
**FORM**

P.O. BOX 1070  
BURLINGTON, ONTARIO  
L7R 4L8



LOCATIONS

- |                         |
|-------------------------|
| 3. UHTHOFF - ORILLIA    |
| 4. NELSON - BURLINGTON  |
| 6. LINCOLN - BEAMSVILLE |
| 8. ASPHALT - BURLINGTON |
| 30. WAYNCO - CAMBRIDGE  |

PHONE: (905) 335-5250 OR (800) 263-6320

FAX: (905) 332-4484

|  |  |                              |                      |
|--|--|------------------------------|----------------------|
| OPERATING NAME _____   |  |                              | DATE: _____          |
| REGISTERED LEGAL NAME _____  |  |                              | OFFICE PHONE _____   |
| MAILING ADDRESS _____  | CITY _____                                       | POSTAL CODE _____            | FAX PHONE _____      |
| STREET ADDRESS _____   | CITY _____                                       | POSTAL CODE _____            | CELL PHONE _____     |
| PERSONAL PURCHASE <input type="checkbox"/>   | PROPRIETORSHIP <input type="checkbox"/>          | Year Co. Started _____       |                      |
| PARTNERSHIP <input type="checkbox"/>   | LIMITED OR INCORPORATED <input type="checkbox"/> | No. of Employees _____       |                      |
| All Owner's Names _____  |  | Res. Address & City _____    | Res. Phone No. _____ |
| Bank Reference _____   | Account No. _____                                | Bank Address & Contact _____ | Bank Phone No. _____ |
| 3 Trade References _____   |  | Ref. Address _____           | Ref. Phone No. _____ |
| Project Financed by _____  |  |                              |                      |
| Bonding Company _____  |  | Bond No. _____               |                      |
| Amount of Credit Required _____  |  |                              |                      |
| <p>New Business under 2 year Or Personal Purchaser must also supply the following information</p> <p>Applicants Social Ins. No. (SIN) _____ (optional) and/or Birth Date _____</p> <p>Applicants Present/Past Employer _____</p> <p>Employer's Address _____</p> |  |                              |                      |

**THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND AGREES TO PAY ALL ACCOUNTS UPON RECEIPT UNTIL A CREDIT ACCOUNT IS APPROVED AND PAYMENT TERMS SET BY THE CREDIT MANAGER.**

**In compliance with the Personal Information Protection and Electronic Documentation Act (PIPEDA) the undersigned who is either a principal or officer of the credit applicant or has proprietorship of the credit applicant, or is an agent for them having good and proper legal authority, authorizes the obtaining and maintenance of credit and /or personal information on the credit applicant, principals, officers, or proprietors as may be required at any time in connection with the commercial or consumer credit hereby applied for or any updates, renewal or extension thereof and to the disclosure of any credit information concerning the credit applicant to any credit reporting agency, industry credit groups, or to any person with whom the credit applicant has or proposes to have financial relations. Furthermore, I authorize the information to be used and maintained for internal marketing purposes but not be sold in an identifiable manner to any marketing or surveying company and that all information when destroyed will be done in such a manner as to make the information unidentifiable.**

**I am the applicant and/or have the applicant's permission and legal authority to submit and agree to this credit application investigation & agreement for the purpose of obtain and maintaining a credit account as described above.**

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 \_\_\_\_\_ & Title: \_\_\_\_\_