



**RAVEN METAL PRODUCTS**

6701-C Oldfield Road  
Saanichton, BC V8M 2A1  
Canada

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**CREDIT APPLICATION**

REGISTERED LEGAL NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BUSINESS IS A: LIMITED COMPANY: \_\_\_ PARTNERSHIP: \_\_\_ PROPRIETORSHIP: \_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

RELATED COMPANIES: \_\_\_\_\_

HOW LONG IN BUSINESS: \_\_\_\_\_ LOCATION IS: RENTED: \_\_\_\_\_ OWNED: \_\_\_\_\_

PST # \_\_\_\_\_ AMOUNT OF CREDIT REQUESTED: \_\_\_\_\_

**BANK REFERENCES**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PRINCIPALS**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**REFERENCES**

1. \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

2. \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

3. \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

4. LANDLORD - \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**PAYMENT TERMS NET THIRTY DAYS FROM INVOICE**

I/We hereby request to establish credit privileges with Raven Metal Products Ltd. and agrees to pay for all purchases in accordance with the above TERMS OF SALE. I/We further agree to pay service charges on any amount past due calculated at 26% per annum. With a minimum finance charge of \$5.00. I/We certify the above information to be correct. Further, I/We authorize Raven Metal Products Ltd. to obtain credit reports or other information deemed necessary on the applicant or it's principals in connection with this credit account or for any other business reason.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

I personally guarantee payment of all amounts owed to Raven Metal Products Ltd. for items sold on credit to the Applicant Corporation. If credit is extended, I agree to pay all costs and expenses (including actual attorney fees as allowed by law) incurred by Raven Metal Products Ltd. in collection of my overdue account.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_