

APPLICATION FOR CREDIT

Company Name:			
Billing Address:			
City:	Province:	Postal Code:	
Shipping Address:			
Phone Number:	Fax Num	Fax Number:	
Accounts Payable Contact:	Pho	Phone Number:	
Email Address:			
Preferred Billing Method: Mai	Email Address for Email	ail Billing:	
Date Business Established:			
Company Principal (s):	Title	•	
Trade References	Phone	Email address	
1.			
2			
3	Phone:	Fax:	
Terms and Conditions			
It is hereby agreed and und	erstood that invoices are due and	payable within 30 days of the invoice date.	
Service charges on overdue	e accounts may apply.		
175)		nation contained in this request. I/We also	
authorize the above mention lnc.	oned suppliers and bank to disclos	e such information to LineStar Utility Supply	
Signature:			
Title:			

Surrey Office

17949 Roan Place Surrey, B.C. V3S 5K1 Phone: 604-594-2701 Fax: 604-594-2751 Calgary Office

14, 6325 - 11 Street SE Calgary, AB, T2H 2L6 Phone: 403-243-1900 Fax: 403-243-2063 Winnipeg Office

1103 Keewatin Street Winnipeg, MB, R2X 2Z3 Phone: 204-783-9771 Fax: 204-783-8951 Mississauga Office

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