



# CREDIT APPLICATION

ATHENS (HEAD OFFICE): 109 Washburn Road Athens ON, K0E 1B0  
 SWEETS SAND & GRAVEL: 3299 County Road 32 Seeley's Bay ON, K0H 2N0

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| SECTION #1 BUSINESS ACCOUNT  |            |                 |                           |                           |               |
|--|------------|-----------------|---------------------------|---------------------------|---------------|
| Business Name:   |            |                 | Legal Name:               |                           |               |
| Full Name of Principal Owner:  |            |                 | Business Mailing Address: |                           |               |
| Principal Address:   |            |                 | City:                     |                           |               |
| City:  |            | Province:       |                           | Postal Code:              |               |
| Province:  |            | Postal Code:    |                           | Phone:                    |               |
| Phone:   |            | Fax:            |                           | Accounts Payable Contact: |               |
| Email Address:   |            |                 | (A/P) Email Address:      |                           |               |
| Sole Proprietorship:   |            | Corporation:    |                           | Website:                  |               |
| Partnership:   |            | Business #:     |                           |                           |               |
| Date of Incorporation/Registration:  |            |                 | Nature of Business:       |                           |               |
| SECTION #2 PERSONAL ACCOUNT  |            |                 |                           |                           |               |
| First Name:  |            |                 | Home Phone:               |                           | Cell:         |
| Last Name:   |            |                 | Work Phone:               |                           |               |
| Address:   |            |                 | Date of Birth (Y/M/D):    |                           |               |
| City:  |            | Province:       |                           | Email Address:            |               |
| Postal Code:   |            | S.I.N.:         |                           | Employer:                 |               |
| SECTION #3 REFERENCES (Trade)  |            |                 |                           |                           |               |
| (1)Name:   |            | Address:        |                           | City:                     | Prov:         |
| Phone:   |            | Fax:            | Contact:                  |                           | Email:        |
| (2)Name:   |            | Address:        |                           | City:                     | Prov:         |
| Phone:   |            | Fax:            | Contact:                  |                           | Email:        |
| (3)Name:   |            | Address:        |                           | City:                     | Prov:         |
| Phone:   |            | Fax:            | Contact:                  |                           | Email:        |
| SECTION #4 BANKING   |            |                 |                           |                           |               |
| Bank Name:   |            | Address:        |                           | Account #:                |               |
| Phone:   |            | City:           |                           | Postal Code:              | Province:     |
| Contact:   |            | Email:          |                           |                           | Fax:          |
| SECTION #5 TERMS & CONDITIONS  |            |                 |                           |                           |               |
| Credit Limit Requested: \$ _____   |            |                 |                           |                           |               |
| Description of Project: _____  |            |                 |                           |                           |               |
| <p><i>I HEREBY AGREE TO NET THIRTY (30) DAY TERMS AS A CONDITION IF CREDIT PRIVILEGES ARE EXTENDED. OUTSTANDING ACCOUNTS ARE SUBJECT TO 2% INTEREST PER MONTH (26.82% PER ANNUM). LEGAL FEES AND OR COLLECTION COSTS WILL BE ADDED ON TO PAST DUE ACCOUNTS.</i></p> <p><i>UPON SIGNING THE INFORMATION PROVIDED ABOVE IS CERTIFIED TO BE TRUE AND CORRECT. THE INFORMATION PROVIDED WILL BE USED TO MAKE THE CREDIT DECISION.</i></p> <p><i>I ACKNOWLEDGE THAT G. TACKABERRY &amp; SONS CONSTRUCTION COMPANY LIMITED MAY HAVE COLLECTED PERSONAL INFORMATION, AS DEFINED BY PERSONAL INFORMATION PROTECTION AND ELECTRONICS DOCUMENT ACT. THE INFORMATION COLLECTED IS SOLELY FOR THE PURPOSE OF DETERMINING THE CREDITWORTHINESS. WE/I EXPRESSLY AUTHORIZE G. TACKABERRY &amp; SONS CONSTRUCTION COMPANY LIMITED TO OBTAIN, USE AND EXCHANGE CREDIT INFORMATION RELATING TO THE APPLICANT COMPANY AND ITS OFFICERS.</i></p> |            |                 |                           |                           |               |
| Signature of Applicant:<br><i>(must have signing authority)</i>  |            |                 | Print Name:               |                           | Date (Y/M/D): |
| Position:  |            | Contact Number: |                           | Email:                    |               |
| Office Use:  | Account #: | Credit limit:   | Approved By:              |                           | Date(Y/M/D):  |