



**Please check off which company you are requesting a credit line with:**

- Brock Aggregates Inc.,  Toronto Redi-Mix Ltd.,  Draglam Waste & Recycling Inc.,  
 Earthco Soil Mixtures  Draglam Salt Inc.

## APPLICATION AND AGREEMENT FOR CREDIT

Please complete all two pages of this application. Please print clearly and in ink. Important: Incomplete information will delay the processing of your credit application.

Please fax to 905-738-5228

### **PART I - COMPLETE ONLY IF CUSTOMER IS A CORPORATION**

Corporate Name		Date Incorporated	Trade Name(s)
Billing Address			
Street:		City:	Province
			Postal Code
Telephone No.		Accounts Payable Person	Email Address:
Fax No.	Cell No.		
Names of Directors/officers:	Position	Telephone No.	Home Address:
Names of Directors/officers:	Position	Telephone No.	Home Address:
Names of Directors/officers:	Position	Telephone No.	Home Address:
Name(s) of Related Companies:		Telephone No(s).	Address(es):
Province of Business Registration:			

### **PART II - COMPLETE ONLY IF CUSTOMER IS AN INDIVIDUAL OR PARTNERSHIP**

Business Name			
Billing Address			
Street:		City:	Province
			Postal Code
Telephone No.		Fax No.	Accounts Payable Person
Name of Partner or Sole Proprietor:	Home Address	Telephone No.	Social Insurance No.
			Drivers Licence No.
Name of Partner or Sole Proprietor:	Home Address	Telephone No.	Social Insurance No.
			Drivers Licence No.
Name of Partner or Sole Proprietor:	Home Address	Telephone No.	Social Insurance No.
			Drivers Licence No.

**PART III - TO BE COMPLETED BY ALL CUSTOMERS**

Business Premises - Leased or Owned	If Leased, Name of Landlord	Landlord's Address:	Landlord's Telephone
Credit Line your business requests for a 30 day period \$		HST #	
G & L Group's Account Manager's Name			

**Banking Information:**

Name of Bank	Branch Address:	Contact Person:	Account No.
		Telephone No.	Fax No.

**Trade References (3 minimum):**

Name of Supplier	Address:	Contact Person:	Email:
		Telephone No.	Fax No.
Name of Supplier	Address:	Contact Person:	Email:
		Telephone No.	Fax No.
Name of Supplier	Address:	Contact Person:	Email:
		Telephone No.	Fax No.

**TERMS AND CONDITIONS**

Upon acceptance of this Application, the Customer may purchase goods on credit, on the following terms and conditions:

1. Invoiced amounts shall be paid within 30 days of the date of the invoice (the "Due Date");
2. Interest on any unpaid invoiced amounts will be charged from the Due Date to the date of payment at 2% per month (24% per annum);
3. If an invoice is not paid in full by the Due Date, the Customer's account is deemed to be delinquent;
4. The Customer agrees to be responsible for all collection costs, including legal fees on a substantial indemnity basis from the date the account became delinquent or is deemed to be delinquent and interest at the rate of 24% per annum shall be payable before and after Judgment;
5. Notice of any defective or missing product must be delivered in writing to the Company within 24 hours of delivery or the Customer is deemed to have received all ordered product in satisfactory condition;
6. The Customer agrees that all accounts shall be paid in accordance with the Terms and Conditions set out above and the Customer acknowledges and agrees that the Company reserves the right to withhold, cancel or modify credit privileges at its discretion;
7. The Company accepts no responsibility for verbal instructions given to its truck drivers; and
8. The Company shall not be responsible for any delays encountered in the delivery of its products or materials.

The Company may, at any time, obtain credit information about the Customer from any credit bureau, its employer or any other person in connection with any of the Customer's dealings with the Company and the Company may disclose (automatically or upon request) credit information about the Customer to credit bureaus and to persons with whom the Customer has or proposes to have financial dealings or if the Company believes disclosure is required by law.

Customer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print First & Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signing Officer, Partner or Sole Owner, as the case may be.

**PERSONAL GUARANTEE**

I \_\_\_\_\_ agree to be personally responsible for outstanding balances owing to the Company by the Customer.  
(Print Name)

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

Witness: \_\_\_\_\_ Social Insurance No. \_\_\_\_\_  
Driver's Licence No. \_\_\_\_\_