



Yellowhead Aggregates  
9175 – 14 Street  
Edmonton, AB T6P 0C9

Phone: (780) 449-4617  
Fax: (780) 457-9188

Order Desk Sales Phone: (780) 478-5566

**CREDIT APPLICATION**

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**BUSINESS PROFILE**

Registered Name of Business: \_\_\_\_\_

Trade Name (if different than above): \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

GST Reg. Number: \_\_\_\_\_

Type of Business	<input type="checkbox"/> Individual Ownership	Date Established: _____
	<input type="checkbox"/> Partnership	Date Established: _____
	<input type="checkbox"/> Limited Corporation	Incorporation Date: _____

Description of Business: \_\_\_\_\_

List ALL Directors, Partners or Proprietors below:

1. Full Name and Title: \_\_\_\_\_  
Contact Phone/Email: \_\_\_\_\_
2. Full Name and Title: \_\_\_\_\_  
Contact Phone/Email: \_\_\_\_\_
3. Full Name and Title: \_\_\_\_\_  
Contact Phone/Email: \_\_\_\_\_

**BANKING INFORMATION (to obtain bank reference)**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Branch: \_\_\_\_\_ Fax No.: \_\_\_\_\_

*\*Please include a void cheque when submitting this application. Without a void cheque, your application will not be processed.*

**ACCOUNTS PAYABLE PRIMARY CONTACT INFO**

A/P Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**TRADE REFERENCES (minimum of three)**

Company Name: \_\_\_\_\_ Customer Since: \_\_\_\_\_  
Contact name and Number: \_\_\_\_\_  
Fax No. or Email Address (to send reference request): \_\_\_\_\_

Company Name: \_\_\_\_\_ Customer Since: \_\_\_\_\_  
Contact name and Number: \_\_\_\_\_  
Fax No. or Email Address (to send reference request): \_\_\_\_\_

Company Name: \_\_\_\_\_ Customer Since: \_\_\_\_\_  
Contact name and Number: \_\_\_\_\_  
Fax No. or Email Address (to send reference request): \_\_\_\_\_

**CREDIT CARD INFO (as alternative payment method)**

In order to process your credit application, we ask that you provide us with a credit card number and expiry date (VISA or MasterCard only). Our payment terms are net 30 days. If your account exceeds these terms, we ask that you contact our office to make payment arrangements. Any outstanding amount over 45 days, which has not been addressed will be applied to this credit card. We will notify you before completing any transactions, and would only do so as a last resort for payment. Alternatively, you may contact the office for cheque pick-up.

Please complete all fields below:

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_ Security Code: \_\_\_\_\_

I hereby consent that, in order to keep our account current, any outstanding charges on the account of \_\_\_\_\_ exceeding 45 days may be paid using above credit card.

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

**NON-NEGOTIABLE TERMS OF AGREEMENT**

This agreement is made between The Applicant and Yellowhead Aggregates.

All invoices must be paid by the 30<sup>th</sup> day of the month following the invoice date. Invoices not paid within these terms shall be deemed overdue. Cheques that are returned due to NSF will be subject to a charge of \$50 per returned cheque.

Invoices and statements of accounts will be considered accurate if no exceptions are reported in writing within 30 days of the printed invoice or statement date. Interest – at the rate of 2% per month – 26.8% per annum – may be charged on all overdue balances, based on the original invoice due date.

Should we require services of a lawyer to collect overdue account balances, The Applicant agrees to pay for corresponding legal services on a solicitor and own client basis.

Yellowhead Aggregates is committed to conducting its business with the highest degree of integrity and professionalism in compliance with the letter and spirit of the existing laws of each jurisdiction in which it operates. Yellowhead expressly prohibits all employees or agents to either offer or accept bribes or any form of illegal inducement made for the purpose of obtaining or retaining business while employed by, or representing, Yellowhead Aggregates. Furthermore, should any business associate, employee, or agent of Yellowhead be found to have offered or to have received any bribe or illegal inducement, they will be deemed to have breached any contract they may have with Yellowhead. Therefore, said contract may be subject to immediate termination by Yellowhead in its absolute discretion, without penalty. A business associate, employee or agent of Yellowhead who fails to report known instances of any of the above activities will also be considered in fundamental contractual breach and subject to immediate termination. Suppliers, subcontractors, and any party completing and executing a credit application for Yellowhead Aggregates shall be considered a business associate of Yellowhead for the purpose of applying the above policy. By executing this credit application, you are acknowledging that you have read and understood the above paragraph and agree to comply and to indemnify Yellowhead from any and all damage or loss caused to Yellowhead by failing to do so.

The Applicant hereby authorizes Yellowhead Aggregates to conduct, or cause to be conducted, as required, credit investigations on myself (ourselves), my (our) company, and any relative person or companies. The Applicant hereby authorizes Yellowhead Aggregates to divulge credit references to other creditors as requested, with regards to the credit line established and history of payments on account, and to use and disclose such information in accordance with the terms of its privacy policy. The Applicant hereby states that the information provided on this application is true and complete. The Applicant authorizes Yellowhead to collect, use and disclose such credit reports or other information as may be deemed necessary on an ongoing basis, respecting The Applicant, the principles of The Applicant, and the signatories on behalf of The Applicant for purposes of extending and administering credit.

\_\_\_\_\_  
Credit Limit Requested

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name and Title of Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/Town and Province