

2448 – 9th Avenue SE, Calgary AB T2G 0V7 E: <u>admin@steelesgroup.com</u> F: 403-237-6712 T:800-332-8398

APPLICATION FOR CREDIT ACCOUNT				
Name:				
Address:				
City:	Prov:		Postal code:	
Phone number:		FAX:	•	
E-mail: Website:				
Billing Office Address(if different than above)				
Name:		`		· ·
Address:				
City:	Prov:		Postal code:	
Phone number:		FAX:		
E-mail: (for us to send invoice				
Description of Business				
Type of Busines:				
Business Structure (Sole Proprie	torship. Cor	p. Partners	ship etc):	
	Number of			GST #:
Acct. Payable Contact:			E-mail:	
Phone #:		Extension		Fax:
1 110110 11.	B	ank Inform		I un.
Name of Bank:		ank mioni	1411011	
Bank Address:				
Account number:		Т	ransit number:	
Contact:		Phone :	Tansit Humber.	
Goritage.		rade Refer	ancas	
#1 Firm Name:		auc Merer	CHCCS	
Contact:				
Address:				
City:	Prov:		Postal Code	
Phone #:	FTOV.	Fax #:	r ostal Code	
E-mail:		гах #.		
E-IIIaII.				
#2 Firm Name:				
Contact:				
Address:	Drevii		Destal Cada	
City: Phone #:	Prov:	Г #.	Postal Code	
		Fax #:		
E-mail:				
#3 Firm Name:				
Contact:				
Address:				
City:	Prov:		Postal Code	
Phone #:		Fax #:		
E-mail:				
Principals and Terms				
Name of Principal Officers				
Name			Title:	
Name			Title:	
TERMS & CONDITIONS: Submitting this Application for Credit also indicates your acceptance of Steele's Transfer Ltd. Terms & Conditions and any additional charges as explained on Steele's Value Added Services guide. Both of these documents are published and available at				
<u>www.steelestransfer.com</u>				

Signature of Principal Officer: ______ Title: _____