



CONFIDENTIAL CREDIT APPLICATION

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GENERAL INFORMATION

BUSINESS NAME: _____ DATE: _____
ADDRESS: _____ CITY: _____ POSTAL CODE: _____
PHONE: _____ FAX: _____ CELL: _____
CONTACT PERSON: _____ TITLE: _____
TYPE OF BUSINESS: _____

CREDIT REFERENCES

- 1) BUSINESS NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____ CREDIT LIMIT (\$): _____
- 2) BUSINESS NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____ CREDIT LIMIT (\$): _____
- 3) BUSINESS NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____ CREDIT LIMIT (\$): _____

FINANCIAL INFORMATION

NAME OF BANK: _____
BANK ADDRESS: _____
BANK ACCOUNT NUMBER: _____
PHONE: _____ FAX: _____ CONTACT: _____

ESTIMATE OF MONTHLY CREDIT REQUIREMENTS

UNDER \$1000.00 _____ \$1000.00-\$10000.00 _____ OVER \$10000.00 _____

When filling out references, please use "trade" references.

COMPLETE FORMS CAN BE FAXED BACK TO 403.933.3005. ATTENTION ROB MCELHONE.

www.diamondvalleygravel.com