



APPLICATION FOR CREDIT

ALL INFORMATION ON BOTH PAGES MUST BE COMPLETED AND RETURNED.

Please type or print.

To be completed by all Applicants

Legal Name of Business				Phone No.	E-mail Address	
				Preferred Method of Invoicing E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/>		
Address	City	Province	Postal Code	Fax No.	Cell No.	
Shipping Address (If Different)	City	Province	Postal Code	Describe the nature of your business		
Type of Business: (Check appropriate box) Sole Proprietor <input type="checkbox"/> Incorporated Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/>						Contractor License Number
Accounts Payable Contact – Name			Phone No.	Date Business Started	Number of Employees	
Tax Exemption Certificate No. (If Applicable)	Provincial Tax Exemption No. (If Applicable)			Credit Amount Applied For	Purchase Orders Required Yes <input type="checkbox"/> No <input type="checkbox"/>	
Current Suppliers – Name	Contact			Phone No.	Fax No.	
Current Suppliers – Name	Contact			Phone No.	Fax No.	
Current Suppliers – Name	Contact			Phone No.	Fax No.	
Bank – Name	Address/City/Province/Postal Code			Contact Name and Phone No.	Line of Credit/Loan Amount	
Bank – Account N ^o	Bank – Transit			Phone No.	Fax No.	

To be completed by all Incorporated Companies (Use additional sheets if necessary)

Owner(s)/Parent Company(s) – Name	Address/City/Province/Postal Code	Phone No.	Fax No.	% Ownership
Owner(s)/Parent Company(s) – Name	Address/City/Province/Postal Code	Phone No.	Fax No.	% Ownership
Owner(s)/Parent Company(s) – Name	Address/City/Province/Postal Code	Phone No.	Fax No.	% Ownership

To be completed by all Sole Proprietors, All Partners and Other Entities (Use additional sheets if necessary)

Principal(s): Last Name		First Name	Middle Name	Birth Date (Day/Month/Year)	Social Insurance No.
Spouse: Last Name		First Name	Middle Name	Birth Date (Day/Month/Year)	Social Insurance No.
Address		City	Province	Postal Code	Phone No.
How Long at this Address					
Rent or Own	If own, name(s) on Title	How Long		Previous Employer	How Long
Personal Bank – Name	Address/City/Province/Postal Code			Contact Name	Phone No.
Principal(s): Last Name		First Name	Middle Name	Birth Date (Day/Month/Year)	Social Insurance No.
Spouse: Last Name		First Name	Middle Name	Birth Date (Day/Month/Year)	Social Insurance No.
Address		City	Province	Postal Code	Phone No.
How Long at this Address					
Rent or Own	If own, name(s) on Title	How Long		Previous Employer	How Long
Personal Bank – Name	Address/City/Province/Postal Code			Contact Name	Phone No.

The term “EPG” shall refer to Engineered Pipe Group, a division of Emco Corporation and all of its divisions, operating groups, predecessors, successors and assigns.

The Applicant hereby applies for credit to be extended to it by EPG and agrees to provide, on request, financial statements and/or net worth statements to EPG prior to credit being approved or extended. The Applicant agrees that EPG is under no obligation to accept this Application or to extend credit to the Applicant. The Applicant further agrees that if this Application is accepted, EPG may refuse to extend credit, may increase the amount of credit, or may reduce the amount of credit previously extended, at any time without providing reasons for such refusal, increase, or reduction. Upon request, the Applicant and/or its principals will provide a guarantee or other security acceptable to EPG.

The Applicant agrees that if it is claiming tax exempt status, a tax exemption certificate will be provided to EPG. The Applicant agrees that if it is an unincorporated business that is incorporated at a later date, it will notify EPG in writing within 14 days of such incorporation and enclose a copy of the Certificate of Incorporation.

The terms of sale are as specified in this Application for Credit and any shipping documents, quotations, invoices and/or statements issued by EPG and shall supersede any purchase order or other document submitted to EPG by the Applicant. The Applicant agrees that the terms and conditions of any purchase order or other document submitted by the Applicant are null and void and of no legal effect, other than to identify the products being purchased and the quantity thereof. Unless otherwise specified on shipping documents, quotations invoices and/or statements sent from time to time by EPG to the Applicant, the terms of sale are for payment in full of all accounts net 30 days. The Applicant agrees to pay interest in the amount of 2% per month (24% per annum) on all past due amounts. The Applicant agrees to pay EPG all costs, charges and expenses (including, without limitation, legal fees on a solicitor client basis and expenses) incurred by or on behalf of EPG in connection with the collection of any outstanding amounts and/or the enforcement by EPG of any of its rights against the Applicant. Invoices and statements will be considered correct by the Applicant unless EPG is notified in writing of any errors within 60 days of invoicing.

Title to all goods sold or delivered by EPG will remain in EPG until such goods have been fully paid for by the Applicant and EPG shall have a continuing security interest and purchase money security interest in all such goods and their proceeds to secure payment by the Applicant of all its obligations to EPG.

The Applicant consents to EPG obtaining and disclosing credit, personal or other information about the Applicant, and/or its principals, for the purpose of determining whether to extend credit to the Applicant (the “Purpose”). The Applicant represents and warrants that the Applicant has the authority to grant such consent on behalf of its principals. EPG may obtain such information from, or disclose such information to, any credit reporting agency, credit bureau, collection agency, personal information agency, financial institution, bank, any party with whom the Applicant or principals have had or may have financial relations, or any other party on a need to know basis for the Purpose. EPG shall keep such information as long as is necessary for the Purpose or as required by law. The Applicant acknowledges that if it withdraws this consent at any time, EPG is under no obligation to extend, or continue to extend, credit.

This Application shall be governed by and interpreted in accordance with the laws of the province of the Applicant’s address set out on page 1 of this Application. The Applicant acknowledges receipt of a copy of this Application. The Applicant hereby certifies that the above information is true and correct in all respects and agrees to notify EPG of any change that may affect the terms and conditions hereof. The Applicant further certifies that it has the authority to bind the Applicant to the terms contained herein. This Application may be executed and delivered by facsimile transmission and, if so executed and transmitted, this Application will be for all purposes as effective and binding as if an originally executed document was delivered.

Signature: _____ Name: _____ Position: _____ Date: _____

EPG PC AND CREDIT DEPARTMENT USE ONLY

Sales Rep:	Matrix Pattern:	DEPGount:	Contract:	Customer Type:	Approved:
PC:		Back Orders Y/N:	Invoices 1/2/3:	Print Prices on Pickers:	Approved: