

# CONFIDENTIAL CREDIT APPLICATION



**INSTRUCTIONS:**    **1. DOWNLOAD AND PRINT THIS DOCUMENT (2 PAGES)**  
                          **2. PLEASE FILL OUT FORM IN DARK PEN (NOT PENCIL)**  
                          **3. ONCE COMPLETED, FAX THIS FORM TO 807.475.5456**  
**ALL INFORMATION SUBMITTED VIA THIS FORM IS DEEMED CONFIDENTIAL.**

**ATTENTION: ALL SECTIONS MUST BE COMPLETED IN FULL.**

LEGAL BUSINESS NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAYABLES CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ EXT: \_\_\_\_\_  
PURCHASING CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

OFFICERS:    NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
                  NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
                  NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
                  NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NATURE OF COMPANY :     PROPRIETORSHIP     PARTNERSHIP     LIMITED     SUBSIDIARY

IF SUBSIDIARY, PARENT COMPANY IS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

## BANKING INFORMATION

NAME OF BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ ACCT NO.: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

## TRADE REFERENCES

1. NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
2. NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
3. NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

# CONFIDENTIAL CREDIT APPLICATION



## CREDIT AGREEMENT

PLEASE READ BEFORE SIGNING

IN CONSIDERATION OF TARANIS CONTRACTING GROUP ACCEPTING THIS APPLICATION, APPLICANT MAY OBTAIN MERCHANDISE AND/OR SERVICES SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS.

- 1) I UNDERSTAND, AND AGREE, THAT I MUST PAY FOR ALL PURCHASES CHARGED TO MY ACCOUNT.
- 2) I UNDERSTAND, AND AGREE, THAT MY CHARGE ACCOUNT PRIVILEGES MAY BE CANCELLED AT ANY TIME AT THE DISCRETION OF TARANIS CONTRACTING GROUP.
- 3) I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND I AUTHORIZE AND CONSENT TO THE RECEIPT AND EXCHANGE OF INFORMATION BY TARANIS CONTRACTING GROUP INCLUDING THE EXCHANGE OF CREDIT INFORMATION CONCERNING THE APPLICANT WITH ANY CREDIT REPORTING AGENCY OR ANY PERSON OR CORPORATION WITH WHOM THE APPLICANT HAS OR PROPOSES TO HAVE FINANCIAL RELATIONS.
- 4) THE APPLICATION FOR CREDIT TERMS WILL ONLY BE CONSIDERED IF COMPLETED AND SIGNED, BY THE OWNER, PRINCIPAL OR AUTHORIZED SIGNING OFFICER.
- 5) I UNDERSTAND, AND AGREE, IN ACCORDANCE WITH THE TERMS STATED, AND TO PAY INTEREST ON ANY AMOUNT PAST DUE AT THE RATE OF 2% PER MONTH, CALCULATED AND PAYABLE MONTHLY, OR 26.8% PER ANNUM.

APPLICANT: \_\_\_\_\_ ACCEPTED BY: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
TITLE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PERSONAL GUARANTEE

**TO: TARANIS CONTRACTING GROUP** FOR GOOD AND VALUABLE CONSIDERATION, THE RECEIPT AND SUFFICIENCY OF WHICH IS HEREBY ACKNOWLEDGED, THE UNDERSIGNED HEREBY GUARANTEES PAYMENT TO YOU OF ANY PRESENT OR FUTURE INDEBTEDNESS OF:

\_\_\_\_\_  
(HEREINAFTER REFERRED TO AS THE CUSTOMER)

TO YOU. THE PRESENT GUARANTEE IS A CONTINUING GUARANTEE AND OUR LIABILITY HEREUNDER SHALL BE JOINT AND SEVERAL WITH THE CUSTOMER AND WITH ANY OTHER GUARANTOR. THE UNDERSIGNED WAIVES THE BENEFITS OF DIVISION, DISCUSSION AND SUBROGATION. THIS GUARANTEE IS AN UNLIMITED GUARANTEE AND NO AMENDMENT TO THIS AGREEMENT SHALL BE CONSIDERED VALID WITHOUT WRITTEN APPROVAL OF AN OFFICER OF TARANIS CONTRACTING GROUP. YOU SHALL HAVE THE RIGHT, AT ANY TIME, TO REFUSE CREDIT TO THE CUSTOMER, TO TAKE OR TO RELEASE ANY SECURITIES OR GUARANTEES FOR THE INDEBTEDNESS OF THE CUSTOMER, TO EXTEND THE TIME FOR PAYMENT, TO PROVE OR ABSTAIN FROM APPROVING A CLAIM AGAINST THE CUSTOMER'S ESTATE, OR TO COMPROMISE OR COMPOUND WITH THE CUSTOMER WITHOUT NOTICE TO THE UNDERSIGNED, THE WHOLE WITHOUT DISCHARGING OR AFFECTING THE LIABILITY OF THE UNDERSIGNED.

DATE AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_  
WITNESS \_\_\_\_\_ GUARANTOR(S) \_\_\_\_\_