



#6 - 1598 S.E. Marine Dr.
Vancouver, BC. V5P 2R4

sales@rtmetal.ca
www.rtmetal.ca

tel: 604.324.1810
fax: 604.324.1811

Business Name: _____

Mailing Address _____

City _____ Province/State _____

Country _____ Postal Code _____

Telephone: () _____ Fax: () _____

Email: _____ () Corporation

Website: _____ () Partnership

() Proprietorship

Principal(s) 1 _____ Title _____

2 _____ Title _____

3 _____ Title _____

Estimated Credit Line required per month \$

Name of Financial Institution _____

Address _____

Contact _____

References 1 Name of Company _____

Address _____

Contact _____ Telephone _____

2 Name of Company _____

Address _____

Contact _____ Telephone _____

3 Name of Company _____

Address _____

Contact _____ Telephone _____

G.S.T. Reg. No. _____

P.S.T. Exemption No. _____

The undersigned certifies the above information to be true and affirms that any credit given to me is extended upon the basis of such information.

Authorized Signature _____

Name (please print) _____

Title _____

Date of Application _____