



CUBEX®

Fax to the closest geographical branch:
CALGARY: 403-253-0164 WINNIPEG: 204-336-0009 ONTARIO: 905-664-2202 MONTREAL: 450-349-4155
or email: credit@cubexltd.com

MUNICIPAL / CONSTRUCTION CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

| | | | |
|---------------------------------|--------------|--------------|--------|
| Company name: | | | |
| Phone: | Fax: | E-mail: | |
| Address: | | | |
| City: | Province: | Postal Code: | |
| Name of Principles or Partners: | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |

BUSINESS AND CREDIT INFORMATION

| | | |
|------------------------------|----------------|--------------|
| Shipping address: | | |
| City: | Province : | Postal Code: |
| How long at current address? | | |
| Telephone: | Fax: | E-mail: |
| Bank name: | | |
| Bank address: | | Phone: |
| City: | Province : | Postal Code: |
| Type of account | Account number | |
| Savings | | |
| Checking | | |
| Contact : | Phone: | |

BUSINESS/TRADE REFERENCES

| | | |
|---------------|------------|--------------|
| Company name: | | |
| Address: | | |
| City: | Province : | Postal Code: |
| Phone: | Fax: | E-mail: |
| Contact : | Phone: | |
| Company name: | | |
| Address: | | |
| City: | Province : | Postal Code: |
| Phone: | Fax: | E-mail: |
| Contact : | Phone: | |
| Company name: | | |
| Address: | | |
| City: | Province : | Postal Code: |
| Phone: | Fax: | E-mail: |
| Contact : | Phone: | |

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By the signature below, authorization and permission is granted to the references listed above for the purpose of verifying available credit information about the company and/or individual named above.

_____ By _____ Date _____
Company Name Authorized Signature