



**Heavy Iron Inc.**  
370145 – 79 Street East  
Aldersyde, AB. T0L 0A0  
Ph: 403-259-0005  
Fax: 403-259-0050

**Heavy Iron Inc.**  
6703 – 41 Street  
Leduc, AB. T9E 0Z4  
Ph: 780-955-2255  
Fax: 780-955-7477

### Credit Application

**Business Type:**

Proprietorship\_\_\_Partnership\_\_\_Corporation\_\_\_Equipment Financing\_\_\_Parts\_\_\_\_\_

If Corporation, date of Incorporation\_\_\_\_\_

**Customer Information:**

Name:\_\_\_\_\_ Ph \_\_\_\_\_

Address:\_\_\_\_\_ Fax \_\_\_\_\_

City\_\_\_\_\_ Prov / State\_\_\_\_\_ Country\_\_\_\_\_

Postal Code\_\_\_\_\_ No. of Years in Business\_\_\_\_\_

**If Corporation or Partnership, List of Corporate Officers or Partners**

1. Last Name\_\_\_\_\_ First Name\_\_\_\_\_ Initial\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ Postal Code\_\_\_\_\_

Position with Company\_\_\_\_\_ SIN\_\_\_\_\_

2. Last Name\_\_\_\_\_ First Name\_\_\_\_\_ Initial\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ Postal Code\_\_\_\_\_

Position with Company\_\_\_\_\_ SIN\_\_\_\_\_

3. Last Name\_\_\_\_\_ First Name\_\_\_\_\_ Initial\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ Postal Code\_\_\_\_\_

Position with Company\_\_\_\_\_ SIN\_\_\_\_\_

Are you tax exempt? Yes \_\_\_\_\_ No \_\_\_\_\_ GST Number \_\_\_\_\_

**Banking Information**

Name \_\_\_\_\_ Address \_\_\_\_\_

Contact \_\_\_\_\_ Ph \_\_\_\_\_

Transit/Account Number \_\_\_\_\_ Ph \_\_\_\_\_

Fax \_\_\_\_\_

**Trade References**

Company Name \_\_\_\_\_ Address \_\_\_\_\_ Ph \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_ Ph \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_ Ph \_\_\_\_\_

**Insurance Agent (Required for Equipment Financing or Rentals)**

Name \_\_\_\_\_ Ph \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

**Accountant (Required for Equipment Financing)**

Name \_\_\_\_\_ Ph \_\_\_\_\_ Fax \_\_\_\_\_

I hereby authorize Heavy Iron Inc to obtain credit information.

Customer's signature \_\_\_\_\_

Customer's signature \_\_\_\_\_

Date \_\_\_\_\_