



CREDIT APPLICATION AND AGREEMENT

Please Print

IDENTIFICATION INFORMATION

Legal Name of business (your name, if for a personal account) _____

Mailing Address: _____

Street Address (if different) _____

City _____ Postal Code _____

Is this application for a:
 Personal Account Partnership Sole Proprietor Corporation

Please list all principals of this company: *If you have more than three principals, please enter information on a second page.* If you are applying for a personal account please complete personal account section.

Principal's Name & Title _____ Home Address _____ Home Telephone _____

GST# _____

Trade Style (if different from legal name, i.e. operating as...) _____

Telephone Number _____ Mobile Number _____

Fax Number _____ Year Business Started _____

Nature of Business _____

E-Mail Address _____

BANKING INFORMATION

Bank: _____

Branch: _____

Account: _____

Telephone No. _____ Contact _____

PLEASE LIST 4 TRADE REFERENCES

Company Name _____	Telephone No. _____
Company Name _____	Telephone No. _____
Company Name _____	Telephone No. _____
Company Name _____	Telephone No. _____

IF THIS APPLICATION IS FOR A PERSONAL ACCOUNT, NOT A BUSINESS ACCOUNT, PLEASE SUPPLY THE FOLLOWING INFORMATION:

Your Social Insurance Number: _____

Spouse's Name: _____

Your Birthdate: _____

References: Bank & Branch: _____

Your Employer: _____

Spouse's Employer: _____

Your Spouse's Birthdate: _____

Account Number: _____

Visa Account Number: _____
 NOTE: This information is used solely for identification and reference purposes in conjunction with the credit requested.

MasterCard Account Number: _____

ADDITIONAL INFORMATION

Amount of credit required: \$ _____

Product required _____ Plant Location _____ Date required _____

Is credit required for a special project? Yes No Project Name/Location: _____

Do you issue Purchase Orders? Yes No Do you require a statement? Yes No

Does your company have Bonding? Yes No => If yes, name of Bonding company? _____

Is your company Tax exempt? Yes No => If yes, please attach copy of Tax Exemption to the Application.

In compliance with the Personal Information Protection and Electronic Documentation Act (PIPEDA), the undersigned hereby confirms that they are acting in their individual capacity and as a legally authorized agent or representative on behalf of each principal, shareholder, partner or sole proprietor of the applicant (hereinafter collectively the "Credit Applicant(s)"), and the undersigned on behalf of such Credit Applicant(s) hereby consents to the collection, use, maintenance and disclosure of credit and/or personal information of the Credit Applicant(s). Such consent is provided for the purpose of evaluating, granting or maintaining consumer and/or commercial credit with Innocon and/or any of its subsidiaries including any renewal or extension thereof, and includes consent to disclose such credit and/or personal information of the Credit Applicant(s) to any credit reporting agency as deemed necessary by Innocon or to any person with whom the Credit Applicant(s) has or proposes to have financial relations. If the application is for a personal account, such consent shall in addition to the above include the collection, use, maintenance and disclosure of credit-related information with employers, credit bureaus and other credit grantors.

The undersigned understands that if this consent is not granted or is revoked, then Innocon will no longer be able to offer any credit-related facilities to the Credit Applicant(s) and any amounts owing will be immediately due and payable. The undersigned certifies that the above information is true and accurate, and agrees to advise Innocon of any changes in the information provided. In the event that the above information is not accurate or complete, Innocon reserves the right to immediately terminate any credit granted by Innocon. The standard terms of sale are net 30 days, unless otherwise stated. Overdue accounts are subject to interest at a rate of 1.5% per month (18.00% per annum). In consideration of the granting of credit by Innocon, the undersigned agrees to the above terms.

Please fax or email your completed application to:

Innocon
 Credit Department
 Telephone No.: 1-855-339-4900 Fax No.: 1-866-672-7422
 Email: NABS.AR@lafargeholcim.help

For Internal Use Only

Prospect No.: _____

Sales Representative: _____

Thank you for choosing Innocon

Date: _____

Print Name: _____

Signature: _____