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### CREDIT APPLICATION

OPERATING NAME OF BUSINESS			BUSINESS NUMBER/ IRS TAX NUMBER/EIN NUMBER
LEGAL (IF DIFFERENT)			NATURE OF BUSINESS
ADDRESS			# OF EMPLOYEES
CITY	PROV/STATE	POSTAL/ZIP CODE	WEBSITE ADDRESS

COMPANY CONTACT INFORMATION			
MAIN CONTACT:	EMAIL ADDRESS:	PHONE:	FAX:
A/P CONTACT:	EMAIL ADDRESS:	PHONE:	FAX:
EXECUTIVE CONTACT:	EMAIL ADDRESS:	PHONE:	FAX:
WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION? <input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> FAX			

INVOICE OPTIONS	
HOW WOULD YOU LIKE TO RECEIVE INVOICES?	<input type="checkbox"/> EMAIL EMAIL INVOICES TO: _____ @ _____  <input type="checkbox"/> REGULAR MAIL PAPER INVOICES

CREDIT REFERENCES		
SUPPLIERS NAMES	TELEPHONE NUMBER	CONTACT NAME

Accounts will incur a 2.0% per month finance fee for unpaid balances outside of terms. Failure on the part of the applicant to comply with our company terms will result in the termination of all pricing agreements.

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Skyline Harvest Corporation in determining the amount and conditions of credit to be extended. I hereby authorize the trade references listed in this credit application to release information necessary to assist Skyline Harvest Corporation in establishing a line of credit.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE