

## StoneStuff Credit Application

Please complete the form below and return

By Fax to : 1-877-349-3036

By Mail to: StoneStuff, 30 Ironwood Crescent, Stouffville, Ontario, Canada L4A 5S6

Date: \_\_\_\_\_

### ***Business Information***

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Web site: \_\_\_\_\_

Type of Business: Corporation / Partnership / Proprietorship (please circle)

### ***Principal/Owner Information:***

1. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Addr: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_

ZIP/PC: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Addr: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_

ZIP/PC: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## StoneStuff Credit Application

### *Trade References:*

1. **Bus. Name:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State/Prov:** \_\_\_\_\_  
**ZIP/PC:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_
  
2. **Bus. Name:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State/Prov:** \_\_\_\_\_  
**ZIP/PC:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_
  
3. **Bus. Name:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State/Prov:** \_\_\_\_\_  
**ZIP/PC:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

## StoneStuff Credit Application

### *Person(s) Authorized to Place Orders:*

1.   **Name:** \_\_\_\_\_  
      **Title:** \_\_\_\_\_
2.   **Name:** \_\_\_\_\_  
      **Title:** \_\_\_\_\_
3.   **Name:** \_\_\_\_\_  
      **Title:** \_\_\_\_\_

### ***Terms:***

I/We certify that the above information is true and correct and I/we agree to pay this account in accordance with StoneStuff's credit terms. I/We authorize StoneStuff to verify this information and/or obtain additional information by securing data from a credit reporting agency. I/We understand that all past due balances will be subject to a monthly service charge in addition to interest charged on outstanding balances as per StoneStuff's' credit terms. I/We further agree to pay any and all fees associated with the collection effort, in the event of default, if the account is placed with an attorney or bonded collection agency. I/We understand that StoneStuff may terminate this agreement and/or refuse to grant credit at any time without cause.

### ***Applicant Signature(s):***

1.   **Signature:** \_\_\_\_\_  
      **Name:** \_\_\_\_\_   **Date:** \_\_\_\_\_  
      **Title:** \_\_\_\_\_
2.   **Signature:** \_\_\_\_\_  
      **Name:** \_\_\_\_\_   **Date:** \_\_\_\_\_  
      **Title:** \_\_\_\_\_

**I/we have the authority to bind the organization named above**

**StoneStuff Credit Application**

**FOR STONESTUFF USE ONLY**

**Authorization:**

**Approved / Declined** (please circle)

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_