

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: _____

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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

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FOR STONESTUFF USE ONLY

Authorization:

Approved / Declined (please circle)

Name: _____

Date: _____