

Grosso Precast Ltd

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CREDIT APPLICATION FORM

Credit Requested:						
CUSTOMER INFORMATI	ION					
Company Legal Name Business Address			Company Operating Name			
			City		Postal Code	
Phone Number	Website		Years in Business		Number of Employees	
Owner/Director	Title		Office		Cell	
Owner/Director	Title		Office		Cell	
AP Contact	AP Email				AP Phone Number	
BANK INFORMATION						
Name of Bank		Phone		Fax	Fax	
Address						
nstitution Number		Transit Number		Account	Account Number	
Contact Person	ct Person		Phone		Email	
RADE REFERENCES						
Company Name	Contact		Phone		Email	
Company Name	Contact		Phone		Email	
Company Name	Contact		Phone		Email	
hereby authorize the 0	Company lis	ted above to r	run a credit ched	ck and verify	my credit information.	
Authorized Signature		 Name			Date	

Legendary Customer Service