



- This is an application for open account credit with ErosionControlBlanket.com, Inc
- Please Type or print and return to:
Credit Department, ErosionControlBlanket.com, Box 69 Riverton, MB CANADA , R0C 2R0 or
- Fax to: 1-866-757-7327
- E-mail: cathy@erosioncontrolblanket.com

Firm or Individual Name _____

Address _____

City _____ State/Province _____ ZIP/PostalCode _____ Country _____

Phone:(_____) _____ Fax: (_____) _____ e-mail: _____

Type of Business Organization Corporation Partnership Sole Proprietorship

In Business under this name since: _____

Federal Business ID # or GST #: _____

Financial Statement : audited unaudited not required

Principal Officers/ Employees:

1. Name _____ Title: _____

Address _____ City _____ State _____ ZIP/PC _____

2. Name _____ Title: _____

Address _____ City _____ State _____ ZIP/PC _____

3. Name _____ Title: _____

Address _____ City _____ State _____ ZIP/PC _____

Name of Bank: _____ Account Type: Savings Checking

Address: _____ City _____ State _____ ZIP/PC _____

Person to contact at bank: _____ Phone: (_____) _____

Account Number: _____ Fax: (_____) _____

TRADE REFERENCES

Name _____ Annual trade volume: \$ _____

Address: _____ City _____ State _____ ZIP/PC _____

Person to contact _____ Phone: (_____) _____ Fax: (_____) _____

Name _____ Annual trade volume: \$ _____

Address: _____ City _____ State _____ ZIP/PC _____

Person to contact _____ Phone: (_____) _____ Fax: (_____) _____

Name _____ Annual trade volume: \$ _____

Address: _____ City _____ State _____ ZIP/PC _____

Person to contact _____ Phone: (_____) _____ Fax: (_____) _____

Estimated Annual Volume of Purchases \$ _____ Credit Required \$ _____

Prepared by _____ Position _____ Phone (_____) _____

Date _____ Signature _____