



Salt Cheap Application for Contractor Rates	
Your Name	Title
email	Contact Phone

Business Information as Registered		
Company Name		
Address	Office Phone	
City		Postal Code
Time in Operation: _____ years _____ months		
Type of Business: ___ Sole Proprietorship ___ Partnership ___ Ltd/Corp		

Bank Information	
Bank Name	Contact
email	Phone
Branch	City

Business References
Please provide us at least 2 other companies your business has established credit

Company	Contact
Title	Phone
email	

Company	Contact
Title	Phone
email	



Credit Agreement
1 Unless otherwise agreed, ALL invoices must be paid within 15 days of the date issued 2 Any claims regarding an invoice issued must be made within 7 days of the date issued 3 You authorize inquiry into the banking and business references provided with this application

Authorized Contacts	
Signature	Title
Name	Date

Signature	Title
Name	Date

Pickup Process
To ensure quick loading and efficient billing to all our customers, we will issue laminated QR codes to each customer. These cards will stay with the truck and must be presented to the Loader at time of pickup.
How many vehicles will be picking up under your Company name? _____
Credit amount requested ___ \$500 ___ \$1000 ___ \$2000 ___ \$5000

Payment options
Etransfer send to payments@saltcheap.ca <ul style="list-style-type: none">• Please indicate your Company Name & Invoice # in Comments
Cheques made payable to Salt Cheap Inc Salt Cheap Inc 43 Manitou Dr Kitchener, ON N2C 1K9

Please return completed application to payments@saltcheap.ca