

BUSINESS CREDIT APPLICATION



1. APPLICANT INFORMATION

Legal Business Name: _____ PST #: _____
Trading As (if different from above): _____ GST #: _____
Mailing Address: _____
City / Town: _____ Province: _____ Postal Code: _____
Telephone No. (____) _____ Fax No. (____) _____ Email: _____
Type of Business or Industry: _____
Legal Structure (please check one) Corporation Proprietorship Partnership Government
If incorporated and operating for less than 3 years, a Personal Guarantee must be completed
Number of Years in Business: _____ Contact for Purchasing: _____ Title: _____

2. CREDIT REFERENCES

Please complete the portion below as this will also serve as authorization for us to request some of your account information from your credit references. We require two (2) primary suppliers as credit references.

1. Company Name: _____ Credit Limit: \$ _____
Address: _____ Telephone No.: _____
Contact Person: _____ Fax No.: _____
2. Company Name: _____ Credit Limit: \$ _____
Address: _____ Telephone No.: _____
Contact Person: _____ Fax No.: _____
3. Company Name: _____ Credit Limit: \$ _____
Address: _____ Telephone No.: _____
Contact Person: _____ Fax No.: _____
4. Do you have any pending lawsuits, judgements or unpaid source deductions? No Yes

3. BANK REFERENCE

Name of Bank and Branch: _____ Account Number: _____
Address: _____
Contact Person: _____ Telephone No. (____) _____

4. DECLARATION & CREDIT TERMS

I hereby make application to purchase material on credit, and hereby agree to pay each month's account by the 15th day of the month following purchase by cash or cheque. I understand that The LumberZone will not accept credit cards as payment on account. I further agree to pay interest at the rate of 2% per month, 24% per annum, compounded, on all overdue amounts and to indemnify you from all financial loss and legal costs suffered by you as a result of any credit granted to the above named. I consent to the obtaining of credit information by The LumberZone or by a credit reporting agency required at any time in connection with the credit hereby applied for or any renewal or extension thereof. I understand that I may, at any time, cancel this agreement. All purchases shall be subject to the approval of The LumberZone Credit Department.

Who would you like to allow charging privileges? _____

Applicant's Signature: _____ Date: _____

Store Manager's Signature: _____ Date: _____

<p>CREDIT LIMIT REQUESTED</p> <p>\$</p> <p><input type="checkbox"/> MONTHLY <input type="checkbox"/> SPECIFIC PROJECT</p>
