

PERSONAL CREDIT APPLICATION



1. APPLICANT INFORMATION

First Name: _____ Last Name: _____
S.I.N. #: _____ Date of Birth: _____
Home Phone No. (____) _____ Cell Phone No. (____) _____
May we contact you by email? Yes No If Yes, Email Address: _____
Current Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Length of time at current residence: _____ years and _____ months
Previous address if you've been at your current residence for less than 12 months
Previous Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Marital Status: Married Single Separated Divorced Widowed
Spouse's First Name: _____ Spouse's Last Name: _____
Spouse's S.I.N. #: _____ Spouse's Date of Birth: _____
Cell Phone No. (____) _____
Number of dependents (excluding spouse): _____

2. EMPLOYMENT REFERENCE

Present Employer: _____
Occupation: _____
How long have you been employed at this position? _____ years and _____ months
Business Address: _____ Province: _____ Postal Code: _____
Business Phone No. (____) _____
Previous Employer (If less than 2 years at present employer): _____
How long were you employed at this position? _____ years and _____ months

Spouse's Employer: _____
Occupation: _____
How long has your spouse been employed at this position? _____ years and _____ months
Business Address: _____
City / Town: _____ Province: _____ Postal Code: _____
Business Telephone No. (____) _____

3. FINANCIAL INFORMATION

Gross Monthly Salary: \$ _____
Name of Financial Institution: _____
Branch No.: _____ Telephone No. (____) _____
Type of Account(s): _____

Spouse's Gross Monthly Salary: \$ _____
Name of Financial Institution: _____
Branch No.: _____ Telephone No. (____) _____
Type of Account(s): _____

CURRENT FINANCIAL OBLIGATIONS

<input type="checkbox"/> Mortgage	Amount: \$ _____
<input type="checkbox"/> Vehicle Loan	Amount: \$ _____
<input type="checkbox"/> Personal Loan(s) or Line(s) of Credit	Amount: \$ _____
<input type="checkbox"/> Credit Card(s) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Other	Amount: \$ _____

-- CONTINUED ON REVERSE --

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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.

Why would you like credit with us?

Type of Project:

- Renovations, windows, insulation, siding
- Building: Garage, House, Addition, Agricultural Building
(please provide mortgage approval documentation)
- Miscellaneous *(please specify)* _____

Who would you like to allow charging privileges? _____

Have you ever had another account with us?

- No
- Yes *(please specify name on account)* _____

Applicant's Signature: _____ Date: _____

Spouse'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>
