

**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: \_\_\_\_\_

**CREDIT LIMIT REQUESTED**

\$

☐ MONTHLY ☐ SPECIFIC PROJECT