

TURKSTRA LUMBER COMPANY LIMITED

HEAD OFFICE

1050 UPPER WELLINGTON, HAMILTON, ONTARIO L9A 3S6 TEL. (905) 388-8222 FAX (905) 388-9891

Always on the Level



APPLICATION FOR COMMERCIAL CREDIT

Full Legal Name: _____ Website: _____

Operating Name (if any): _____

UNIT NUMBER	STREET NUMBER	STREET NAME		CITY/TOWN
PROVINCE	POSTAL CODE	PHONE NUMBER	FAX NUMBER	MOBILE NUMBER

APPLICANT'S LEGAL STATUS

- Corporation Date Business Started _____
 Sole Proprietorship/Partnership Number of Employees _____

PARTICULARS OF PROPRIETOR/PARTNERS/PRINCIPALS (i.e. Directors, Officers, Shareholders)

Full Name _____ Home Address (in full) _____

Phone Number _____ Position _____ Birth Date (mm/dd/yy) _____

Full Name _____ Home Address (in full) _____

Phone Number _____ Position _____ Birth Date (mm/dd/yy) _____

P.O. Required Yes No Sales Tax Exempt Yes If Exempt Sales Tax Number _____

Authorized Purchasers _____

Email information to receive invoices and monthly statements.

Contact _____ E-mail _____

TRADE CREDIT REFERENCES (MAJOR)

Name of Supplier	Address of Supplier	Phone Number	Fax Number
1.			
2.			
3.			

BANKING DETAILS

Bank Name	Branch# and Address	Phone Number	Account Number	Transit Number

Salesman: _____

Turkstra Lumber Location *select below*

- | | | | | | | | | | | | |
|--|--|---|---|--|---|---|--|--|--|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BRANTFORD
54 Oxford St.
N3R 5C6
Tel: 519-759-3150
Fax: 519-759-5902 | CAMBRIDGE
170 Beverly St.
N1R 5T7
Tel: 519-623-1410
Fax: 519-622-2361 | DUNDAS
355 Mill Street
L9H 2L9
Tel: 905-628-9924
Fax: 905-628-9993 | DUNNVILLE
200 Ramsey Dr.
N1A 2X1
Tel: 905-774-7571
Fax: 905-774-3436 | RIDGEWAY
308 Gorham Rd.
L0S 1N0
Tel: 905-894-5200
Fax: 905-894-5206 | HAMILTON
1050 Upper Wellington
L9A 3S6
Tel: 905-388-8220
Fax: 905-388-6261 | NIAGARA FALLS
4555 Kent Ave.
L2J 1J1
Tel: 905-374-0176
Fax: 905-374-9827 | SIMCOE
545 Queensway W.
N3Y 4J9
Tel: 519-428-5111
Fax: 519-428-0528 | SMITHVILLE
304 Station Road
L0R 2A0
Tel: 905-957-3318
Fax: 905-957-7339 | STONEY CREEK
370 Green Road
L8E 2B3
Tel: 905-561-1112
Fax: 905-662-1183 | WATERDOWN
61 Hamilton St.
L0R 2H0
Tel: 905-689-6604
Fax: 905-689-4990 | TRIM & DOORS
281-287 Arvin Ave.
Stoney Creek L8E 2M3
Tel: 905-573-8746
Fax: 905-573-8500 |

Applicant signing below agrees to the following:

Accounts are due for payment by the end of the month following the month of purchase.

All payments received in any month will be applied in the following sequence:

1. Outstanding interest and/or service charges;
2. Unpaid balances from previous months;
3. Current month's purchases.
4. We do not accept credit card payments to pay charge account balances.

Interest of 24% per annum, charged monthly will be charged on accounts once 30 days past due. In any month where the accrued interest is less than \$5.00, a \$5.00 service charge will be payable in lieu of interest. Customer agrees to be responsible for any legal fees incurred in connection with collection of the account.

Where the applicant is a corporation, sole proprietorship, partnership, a personal guarantee from the principal(s) will be required before this application is complete.

I hereby authorize Turkstra Lumber Company Limited, to conduct inquiries into the credit history of the applicant. This may include but is not limited to requesting and obtaining a consumer credit report on any principals or owners of the company. It is understood and agreed that if credit is granted, credit data may be released to certain reporting agencies, as determined by Turkstra Lumber Company Limited to be appropriate (Eg. Local Credit Bureau).

I also agree that, upon request by other credit grantors, Turkstra Lumber Company Limited may release information pertaining to my account performance.

The Corporation hereby warrants that it has authority to enter into the terms and conditions of this application on behalf of itself and on behalf of its principals and owners.

Witness

Applicant

Signature of Witness

Signature of Applicant

Name _____
(Please Print)

Name _____
(Please Print)

Address _____

Date _____

Telephone _____

Location _____

I would like to receive notifications about coming events, pricing, building tips and innovative products by email. Yes

Email _____

We will not share your email address with any third party.

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Manager's Suggested Credit Limit _____ Credit Limit Approved Of _____

Personal Guarantee Received - Date _____

Manager/Salesman Assigned _____

Credit Declined _____

Date _____

Signature _____



Letter of Personal Guarantee

IN CONSIDERATION of Turkstra Lumber Company Limited granting credit to

_____ (company name)

I, We, the undersigned and each of them (if more than one) hereby jointly and severally guarantee payment to Turkstra Lumber Company Limited of all amounts owing on account for purchases made by

_____ (company name)

And all charges for interest on such account such payment to be made on or before the 15th day of the month following purchases.

This guarantee will continue in effect until revoked on thirty (30) days notice in writing to Turkstra Lumber Company Limited. After expiry of such notice, the undersigned will remain liable by this gurantee for the total amount outstanding on the date of notice of termination expired, until paid in full.

DATED at _____, Ontario, this _____ day of _____, 20 _____

Witness

Applicant

Signature of Witness

Signature of Principal of Company

Name: _____
(Please Print)

Name: _____
(Please Print)

Address: _____

Signature of Principal of Company

Tel: _____

Name: _____
(Please Print)