

# 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



## CONSUMER CREDIT APPLICATION

Full Name of Applicant \_\_\_\_\_  
LAST NAME FIRST INITIALS

Date of Birth \_\_\_\_\_ (mm/dd/yy)

Present Address \_\_\_\_\_ Own  Rent  How Long? \_\_\_\_\_ YEARS  
NUMBER AND STREET CITY PROVINCE POSTAL CODE

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address to receive invoices and statements: \_\_\_\_\_

Present Employer \_\_\_\_\_ Address \_\_\_\_\_

How Long \_\_\_\_\_ Years Business Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Source of other Income: \_\_\_\_\_

### BANKING DETAILS

Name	Branch	Phone Number	Account Number	Transit Number

Project Description: \_\_\_\_\_

Property Legal Description (ship to address): \_\_\_\_\_

Registered owner(s) of project premises: \_\_\_\_\_

Financial Institution providing funding for this project: \_\_\_\_\_ Branch: \_\_\_\_\_

Authorized Purchases: \_\_\_\_\_

Are you, or have you been a principal of any company? (specify) \_\_\_\_\_

Have you or any corporation of which you were a principal ever been bankrupt? \_\_\_\_\_ If yes, specify \_\_\_\_\_

Do you have other accounts with us? \_\_\_\_\_ If yes; account 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"/>
<b>BRANTFORD</b> 54 Oxford St. N3R 5C6 Tel: 519-759-3150 Fax: 519-759-5902	<b>CAMBRIDGE</b> 170 Beverly St. N1R 5T1 Tel: 519-623-1410 Fax: 519-622-2361	<b>DUNDAS</b> 355 Mill Street L9H 2L9 Tel: 905-628-9924 Fax: 905-628-9993	<b>DUNNVILLE</b> 200 Ramsey Dr. N1A 2K1 Tel: 905-774-7571 Fax: 905-774-3436	<b>RIDGEWAY</b> 308 Gorham Rd. L0S 1N0 Tel: 905-894-5200 Fax: 905-894-5206	<b>HAMILTON</b> 1050 Upper Wellington L9A 3S6 Tel: 905-388-8220 Fax: 905-388-6261	<b>NIAGARA FALLS</b> 4555 Kent Ave. L2J 1J1 Tel: 905-374-0176 Fax: 905-374-9827	<b>SIMCOE</b> 545 Queensway W. N3Y 4J9 Tel: 519-428-5111 Fax: 519-428-0528	<b>SMITHVILLE</b> 304 Station Road L0R 2A0 Tel: 905-957-3318 Fax: 905-957-7339	<b>STONEY CREEK</b> 370 Green Road L8E 2B3 Tel: 905-561-1112 Fax: 905-662-1183	<b>WATERDOWN</b> 61 Hamilton St. L0R 2H0 Tel: 905-689-6604 Fax: 905-689-4990	<b>TRIM &amp; DOORS</b> 281-287 Arvin Ave. Stoney Creek L8E 2M3 Tel: 905-573-8746 Fax: 905-573-8500

Applicant signing below agrees to the following:

A 2% discount will be given (calculated before H.S.T. is added) on that month's purchases if the account is paid in full by cash or cheque or online payments, by the 15th of the month following the month of purchase. No discounts will be allowed unless all prior outstanding balances are paid in full. Discount is only available if you pay by cash, cheque, debit or online banking.

Discounts taken, but not earned, will not be allowed.

Accounts are due for payment in full 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 or additional costs incurred in connection with collection of the account.

Turkstra Lumber Company Limited will not be responsible for damages, directly or indirectly caused, by product failure and/or delayed delivery. Liability will be limited to replacement of defective product.

I hereby authorize Turkstra Lumber Company Limited, to conduct inquiries into the credit history of the applicant. 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.

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, & innovative products by email.  Yes

Email Address: \_\_\_\_\_

We respect your privacy and 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 \_\_\_\_\_