

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: _____

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

<input type="checkbox"/> Sole Proprietorship	Date Business Started _____	Is the Partnership/Corporation Valid, Subsisting and Operating? _____
<input type="checkbox"/> Partnership	Incorporation Date _____	
<input type="checkbox"/> Corporation	Number of Employees _____	

LIST ALL AFFILIATED COMPANIES/BUSINESSES

1. _____		3. _____
2. _____		4. _____

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

Full Name _____ Home Address (in full) _____

Phone Number _____ Position _____ S.I.N. _____ Birth Date (mm/dd/yy) _____

Full Name _____ Home Address (in full) _____

Phone Number _____ Position _____ S.I.N. _____ Birth Date (mm/dd/yy) _____

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

Authorized Purchasers _____

A/P Contact _____

TRADE CREDIT REFERENCES (MAJOR)

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

BANKING DETAILS

Name	Branch	Phone Number	Account Number	Manager's Name

- | | | | | | | | | | | | |
|--|--|---|---|---|---|---|--|--|--|--|--|
| <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 5TP
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 | FORT ERIE
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 | WOODSTOCK
1290 Dundas St.
N4S 8Y4
Tel: 519-537-6259
Fax: 519-537-8246 |

Applicant signing below agrees to the following:

If purchases in a calendar month exceed \$250.00, a 2% discount will be given (calculated before G.S.T. is added) on that month's purchases if the account is paid in full by cash or cheque, 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.

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

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.

Interest of 2% per month (24% per annum, calculated 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/We 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/We also agree that, upon request by other credit grantors, Turkstra Lumber Company Limited may release information pertaining to my (our) 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 or Authorized Representative of Applicant

Name _____
(Please Print)

Name _____
(Please Print)

Address _____

Position of Authorized Representative

Date _____

Telephone _____

Location _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Manager's Suggested Credit Limit _____

Personal Guarantee Received - Date _____

Credit Limit Approved Of _____

Credit Declined _____

Date _____

Signature _____