

TURKSTRA LUMBER

ALWAYS ON THE LEVEL



TURKSTRA LUMBER COMPANY LIMITED - HEAD OFFICE

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

APPLICATION FOR COMMERCIAL ACCOUNT

Business Name: _____ Website: _____

Contact Name: _____ Email: _____

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

TYPE OF BUSINESS

- | | |
|--|---|
| Agricultural
Architect/Engineer
Commercial, Institutional and Municipal
Contractor/Trade/Specialist
Custom Homes | Industrial
Landscaper
Property Manager
Reno/ Addition
Residential |
|--|---|

SELECT YOUR PREFERRED LOCATION/ LOCATIONS

BRANTFORD
 54 Oxford St.
 N3R 5C6
 Tel: 519-759-3150
 Fax: 519-759-5902

CAMBRIDGE
 170 Beverly St.
 N1R 3Z8
 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
 370 Green Rd.
 Stoney Creek L8E 2B3
 Tel: 905-573-8746
 Fax: 905-573-8500

Turkstra salesperson or manager you are working with (if any): _____

I would like to receive notifications about coming events, pricing, building tips and innovative products by email. Yes No

Use same email as above or Email: _____

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

CASH ACCOUNT
CREDIT ACCOUNT

Please **print page 1** and email to: accounts@turkstralumber.com

Please continue to **complete pages 2-4**

TURKSTRA LUMBER

ALWAYS ON THE LEVEL



TURKSTRA LUMBER COMPANY LIMITED - HEAD OFFICE

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

FOR CREDIT ACCOUNTS ONLY

Corporation

Date Business Started: _____

Sole Proprietorship/Partnership

Number of Employees: _____

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

1. Full Name: _____ Birth Date (mmddy): _____

Home Address (in full): _____

Phone Number: _____ Position: _____

2. Full Name: _____ Birth Date (mm/dd/yy): _____

Home Address (in full): _____

Phone Number: _____ Position: _____

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

Authorized Purchasers: _____

Email address to receive invoices and monthly statements. E-mail: _____

BANKING DETAILS

Bank Name	Account Number	Transit Number	Telephone Number

Bank Address

Account Manager

TRADE CREDIT REFERENCES

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

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 _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Channel:

BIB PRO

Volume Builder

High Service Builder

Custom Builder

Sales Representative _____

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

Personal Guarantee Received - Date _____

Credit Declined _____

Date _____

Signature _____

TURKSTRA LUMBER

ALWAYS ON THE LEVEL



TURKSTRA LUMBER COMPANY LIMITED - HEAD OFFICE

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

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 guarantee 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

Telephone _____

Name _____
(Please Print)

PLEASE PRINT, SIGN AND RETURN TO TURKSTRA LUMBER TO: accounts@turkstralumber.com