



GRANDOR LUMBER INC.

CREDIT APPLICATION

BUSINESS INFORMATION

Customer Business Name: _____

Business Address: _____

City: _____ Prov: _____ Postal Code: _____

Business Telephone: (____) _____ Fax: (____) _____

Business Description: _____ Years Established: _____

PROPRIETORSHIP

Business Organization Type: Proprietorship: _____ Partner: _____ Corporation: _____

Name(s) of the Proprietor / Partnership; or in the case of a Corporation, name(s) of the President, Secretary & Treasurer.

Name: _____ Address: _____ Tel: _____

Name: _____ Address: _____ Tel: _____

Name: _____ Address: _____ Tel: _____

FINANCIAL INFORMATION

Bank Name: _____ Address: _____ Tel: _____

Account Type: _____ Account Number: _____

Credit Card Type: _____ Number: _____ Expiry Date: __/__/__





GRANDOR LUMBER INC.

REFERENCES (establish credit only)

Company: _____ Address: _____ Tel: _____

Company: _____ Address: _____ Tel: _____

Company: _____ Address: _____ Tel: _____

MONTHLY CREDIT LIMIT: Requested \$ _____ Granted \$ _____

The undersigned acknowledges that the credit approval may be conditional upon personal guarantees and / or letters of guarantee being executed and issued in favour of Grandor Lumber Inc. furthermore; the undersigned warrants that the information contained in this application for credit is true, accurate and current. Grandor Lumber Inc is hereby authorized to make such investigations with regards to confirming the validity of such information as is considered appropriate in the circumstances.

DATE: _____ SIGNATURE: _____

Of Authorized Representative

NAME (printed): _____

Grandor Lumber Inc.
Claire Lineger
Credit Manager

