

### CREDIT APPLICATION PERSONAL AND SOLE PROPRIETORSHIP ACCOUNTS

Name (in full): \_\_\_\_\_

Doing Business As (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if other than above): \_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

SIN# \_\_\_\_\_ Birth date: \_\_\_\_\_ Email (Personal): \_\_\_\_\_

Statement & Invoice Email (REQUIRED): \_\_\_\_\_

Do you wish notification from Ouellette Bros. Building Supplies Ltd. of sale events, product specials and flyers by email? Yes  No  (Email addresses are covered by the company's privacy policy).

Credit Amount (Default \$1000): \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Acct. No: \_\_\_\_\_

Employed By: \_\_\_\_\_ Employer's Phone \_\_\_\_\_

How Long Employed There: \_\_\_\_\_ Position: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Rent: \_\_\_\_\_ Own Home: \_\_\_\_\_

Purpose for Account: \_\_\_\_\_

**Credit or Trade References**

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Terms and Conditions**

In return for us agreeing, at your request, to open a customer account, you agree that: Please be advised that our billing is the 15<sup>th</sup> and last day of the month. Payment is expected in full within the following 15 days. Should your account not be paid in full within 30 days interest will be charged at 2% per month. Failure to pay your account within 60 days will result in your account being suspended until it is paid in full. By signing for credit with Ouellette Bros Building Supplies you are agreeing to follow these terms.

The information given here is for the purpose of obtaining credit and is warranted to be true and you authorize Ouellette Bros. Building Supplies Ltd. and its agents to conduct a credit investigation of your credit records and obtain such credit reports or other information as it deems necessary.

You agree to pay all accounts in accordance with the terms set out and to pay any expenses incurred by the company to collect overdue accounts.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Signatory: \_\_\_\_\_

Others (if any) authorized to use Account \_\_\_\_\_

***Ouellette Bros. Office Use Only***

Account Approved/Declined By: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Sources Checked: \_\_\_\_\_ Guarantee Signed: \_\_\_\_\_