



# CREDIT APPLICATION

**NEW CUSTOMER INFORMATION:**

CUSTOMER NAME: \_\_\_\_\_ FULL LEGAL NAME: \_\_\_\_\_

OPERATING NAME (IF DIFFERENT): \_\_\_\_\_

**BILLING ADDRESS:**

CITY: \_\_\_\_\_ PROVINCE / STATE: \_\_\_\_\_ POSTAL CODE / ZIP CODE: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**SHIPPING ADDRESS:**

CITY: \_\_\_\_\_ PROVINCE / STATE: \_\_\_\_\_ POSTAL CODE / ZIP CODE: \_\_\_\_\_

PURCHASING CONTACT NAME: \_\_\_\_\_ PURCHASING CONTACT PHONE: \_\_\_\_\_

PURCHASING CONTACT FAX: \_\_\_\_\_ PURCHASING CONTACT E-MAIL ADDRESS: \_\_\_\_\_

**Do you have more shipping addresses?**  Yes

ADDITIONAL ADDRESS INFO HERE: \_\_\_\_\_

TYPE OF ORGANIZATION:  Incorporated business  Unincorporated business  Other

WHAT IS YOUR MAJOR PRODUCT OR SERVICE? \_\_\_\_\_

DO YOU REQUIRE PURCHASE ORDER #S TO BE USED?  Yes  No**CREDIT INFORMATION:**

NUMBER OF EMPLOYEES: \_\_\_\_\_ NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_

NAME OF PRINCIPAL/OWNER: \_\_\_\_\_ TITLE: \_\_\_\_\_

DO YOU RENT?  Rent  Own PRESENT LANDLORD: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

BRANCH ADDRESS: \_\_\_\_\_ BRANCH CITY: \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ TRANSIT# \_\_\_\_\_

**SUPPLIER REFERENCES:**

| NO. | NAME: | PHONE# | FAX# |
|-----|-------|--------|------|
|     |       |        |      |
|     |       |        |      |
|     |       |        |      |
|     |       |        |      |

By submitting this application for a charge account I certify that the above information is true and give Wood Mountain Services Inc. permission to conduct a credit inquiry. I agree to payment terms of net 30 days from the date of invoice. I agree that all overdue accounts will be charged interest at a rate of 2% per month from the due date and to pay all legal and collection costs. I agree to pay a \$25.00 fee for any cheque returned, dishonored by my bank.

APPLICANT'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Date: \_\_\_\_\_

I agree with all these conditions:  Yes  No

Signature: \_\_\_\_\_