



1624 Claybar Road, PO Box 81205, Ancaster, ON L9G 4X1  
 289 South Service Road, Grimsby, ON L3M 1Y6  
 Phone: (905) 648-9001 Fax: (905) 648-8882

## CUSTOMER CREDIT APPLICATION

ALL FORMS MUST BE FULLY COMPLETED. NO ACCOUNT WILL BE OPENED UNTIL ALL DOCUMENTS ARE RECEIVED AND ARE SATISFACTORY.

LEGAL NAME: \_\_\_\_\_

TRADING NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
Address City Postal Code

MAILING ADDRESS: \_\_\_\_\_  
Address City Postal Code

DRIVER'S LICENCE NUMBER: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ YEAR STARTED: \_\_\_\_\_ YEAR INCORPORATED: \_\_\_\_\_

FAX NO.: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Corporation  Sole Proprietorship  Partnership  FISCAL YEAR END: \_\_\_\_\_

**PRINCIPALS/SHAREHOLDERS;**

1. \_\_\_\_\_  
Name Home Address Title D.O.B
2. \_\_\_\_\_  
Name Home Address Title D.O.B
3. \_\_\_\_\_  
Name Home Address Title D.O.B

FISCAL YEAR END: \_\_\_\_\_

**AFFILIATED COMPANIES IN WHICH YOU HAVE A FINANCIAL INTEREST:**

1. \_\_\_\_\_  
Name Address Tel. No.
2. \_\_\_\_\_  
Name Address Tel. No.

Have you or your shareholders ever owned/managed a company that has been declared bankrupt? YES  NO

If "YES", please state name of company and date of bankruptcy: \_\_\_\_\_

BANK: \_\_\_\_\_  
Name Address Tel. No.

CREDIT REFERENCE(S): \_\_\_\_\_  
Bank Account #

1. \_\_\_\_\_  
Name Address Fax No.
2. \_\_\_\_\_  
Name Address Fax No.
3. \_\_\_\_\_  
Name Address Fax No.

PROVINCIAL SALES TAX LICENSE NO.: \_\_\_\_\_ GST#: \_\_\_\_\_  
 (Sales tax will be charged unless an exception certificate is provided)

# CUSTOMER CREDIT APPLICATION

**BUSINESS LAND & BUILDINGS OWNED**

1.		Mortgage	Lender
2.	Current Value	Mortgage	Lender
3.	Current Value	Mortgage	Lender
	Current Value	Mortgage	Lender

**OTHER BUSINESS REAL ESTATE OWNED**

1.		Current Value	Mortgage	Lender
2.	Location	Current Value	Mortgage	Lender
3.	Location	Current Value	Mortgage	Lender
	Location	Current Value	Mortgage	Lender

CURRENT OPERATING BANK CREDIT LINE: \_\_\_\_\_ UTILIZED: \_\_\_\_\_ %

Do you have operating business credit lines with other lenders? Please provide names, addresses and amount of credit line and security pledged:

1.	Credit Line	% Utilized	Lender	Security
2.	Credit Line	% Utilized	Lender	Security
3.	Credit Line	% Utilized	Lender	Security

ESTIMATED VALUE OF FAMILY HOME \$: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

1.	Mortgage	Lender	Amount
2.	Mortgage	Lender	Amount
3.	Mortgage	Lender	Amount

**FAIRWAY CREDIT  
REQUESTED**  
\$ \_\_\_\_\_

I/we have the authority to sign for and bind the corporation. I/we consent to **Fairway Building Supply Inc.** obtaining credit information about us personally and about the applicant from third parties at any time during the application process and afterwards. Further, if an account is opened, I/we consent to the disclosure to credit reporting agencies and to **Fairway Building Supply Inc.** suppliers our credit status with **Fairway Building Supply Inc.** We represent and warrant that the information in this application is true and correct in all material aspects.

The undersigned consents to the obtaining of such credit information as **Fairway Building Supply Inc.** may require at any time in connection with the credit hereby applied for, or any renewal or extension thereof; and further consents to the disclosure of any information concerning the undersigned to any credit report agency, or any person with whom the undersigned, has or proposes to have financial relations. I/we also declare that the information disclosed in the application represents a true and accurate presentation of our current financial position in all aspects.

I/We hereby (jointly and severally) personally guarantee payment to **Fairway Building Supply Inc.** for all goods **Fairway Building Supply Inc.** may supply the applicant. I/we understand that a finance charge of 2% per month (26.8% per annum) will be charged on overdue accounts

Dated at \_\_\_\_\_ T h e \_\_\_\_\_ o f \_\_\_\_\_ 2 0 \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

