



1624 Claybar Road, Ancaster, ON L9G 4X1
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:

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)



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BUSINESS LAND & BUILDINGS OWNED

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

OTHER BUSINESS REAL ESTATE OWNED

1. _____
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 _____

NET VALUE: \$

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.

Dated at _____ the _____ of _____ 20 _____

APPLICANT'S SIGNATURE