



13 Loyalist Drive, Brighton, Ontario, K0K 1H0
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Date: _____

Credit Account Application

For a Registered Business

Name of Applicant:	Last	First	Initial	Title:
Name Of Business:				GST Registration:
Address:	Street			
	City	Province	Postal Code	
Mailing Address (If Different):	Street/PO Box			
	City	Province	Postal Code	
Phone No:	Fax No:		Cell No:	
Email:				
Nature of Business:			Ownership Type:	
			<input type="radio"/> Circle One <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	

Credit Limit Information:	Estimated Monthly Purchases	Credit Limit Requested		
Credit References:	1. Name	Business	Phone #	
	2. Name	Business	Phone #	

Banking Information:	Bank #1	Account #	Address	
	City	Province	Phone#	
If Above Account is Less than 3 years old	Bank #2	Account #	Address	
	City	Province	City	

I/We the undersigned do hereby certify that the above statements are correct, and that I/We are authorized officer(s) of the above company. To make this application, I/We agree to personally guarantee the payment on and or all amounts on which the above company may default. The applicant does here hereby agree to pay all the accounts on or before the 15th of the month following and agrees that in the event of delinquent accounts to pay 2 percent interest per month on each 30 days the account is overdue. The applicant consents to the obtaining or credit and/or personal information as may be required in connection with the credit line hereby applied for, and the disclosure of any trade information concerning the undersigned to any credit reporting agency. I/We hereby authorize any further check, as required. In cases of collection of Small Claims Court, account information will be shared with a collection agency. The account holder will be liable for all costs including (but not limited to) legal, administrative and associated collection fees.

Signature

Signature