



2 Black Lake Rd. at Regional Rd. 55 West
 Box 2. Pinehill Plaza, Lively, ON P3Y 1C8
 FAX TO: (705) 692-9824



CREDIT APPLICATION

DATE: _____

NAME: _____

SIN/DRIVERS LICENCE # _____

MAILING ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PROVINCE: _____

HOME PHONE #: _____

WORK PHONE #: _____

EMPLOYER: _____ OCCUPATION: _____

DURATION: _____

ADDITIONAL PEOPLE ALLOWED TO CHARGE ON MY BEHALF:

1) _____ 3) _____

2) _____ 4) _____

PRESENT BANK INFORMATION

BANK: _____

ADDRESS: _____

VISA: _____ EXP DATE: _____

MASTERCARD: _____ EXP DATE: _____

.....
 DESIRED MONTHLY CREDIT LIMIT: _____

AUTHORIZATION

I understand that my charge account with Pinehill Lumber will be due and payable in full on the 30th of the month following the date of invoice. Interest will be charged at a rate of 2.5% per month from that date on, unless other arrangements have been made. If this account is not kept current, all charging privileges will be discontinued. If accounts are not paid in full, I authorize Pinehill Lumber to make payments from the above credit card unless other arrangements have been made.

SIGNATURE: _____

NAME: _____

INTERNAL USE ONLY

ACC#: _____

AUTHORIZE BY (INITIAL) _____