



**Wasaga Beach Building Centre**  
 1317 Mosley Street, Wasaga Beach, ON L9Z 2C9  
 Phone: (705)429-5712 Fax: (705)429-3841  
**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

PHYSICAL LOCATION: \_\_\_\_\_

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

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

CELL PHONE NUMBER: \_\_\_\_\_ FISCAL YEAR END: \_\_\_\_\_

Corporation  Sole Proprietorship  Partnership

Estimated Purchases: 1<sup>st</sup> Year \_\_\_\_\_, Within 3 Years \_\_\_\_\_

**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

**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)



# Wasaga Beach Building Centre

## CUSTOMER CREDIT APPLICATION

### 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

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	

NET VALUE: \$

I/we have the authority to sign for and bind the corporation. I/we consent to **Wasaga Beach Building Centre** 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 **Wasaga Beach Building Centre** suppliers our credit status with **Wasaga Beach Building Centre**. 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 **Wasaga Beach Building Centre** 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.

All invoices are **Net 15<sup>th</sup> of month**. Any claims arising from invoices must be made within seven working days of receipt of the product.

Dated at \_\_\_\_\_ the \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

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



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### House Account Agreement

Name \_\_\_\_\_

Name on account \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

People authorized to use the account \_\_\_\_\_

Castle agrees to extend credit to the above individual on a monthly basis.

The above individual agrees to pay Castle in full by the 15<sup>th</sup> of the following month.

Payment will be made by cash, debit or check without service charges being applied. Payments made by visa or mastercard will be subject to a 4% fee.

NSF checks will be subjected to a \$50.00 fee and the account will be put on hold until NSF fee is paid and account is paid in full.

If payment is not received by the 15<sup>th</sup> of the following month interest will be added to the account in the amount of 2% per month or 26.8% per annum.

Interest charges will not be waived if the account is not paid in full by the 15<sup>th</sup> of the month.

Accounts that are 30 days past due will be put on hold until payment in full is made.

Name

Signature

Date