



### Credit Application

Date: \_\_\_\_\_

Please complete in full or credit cannot be granted

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Postal: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Air Miles \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

Would you like to receive your monthly statement and invoices by email? Yes \_\_\_\_\_ / No \_\_\_\_\_

Construction Site Address for delivery (include 911#): \_\_\_\_\_

Cottage or Work Site Phone # \_\_\_\_\_

Where employed: \_\_\_\_\_

Bank Branch Address: \_\_\_\_\_

Contact Person at Bank: \_\_\_\_\_

Visa Card # \_\_\_\_\_ Exp: \_\_\_\_\_

M/C #: \_\_\_\_\_ Exp: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

Am/Ex #: \_\_\_\_\_ Exp: \_\_\_\_\_

Business Reference: \_\_\_\_\_

I consent to charges on my credit cards if payment past due or exceeds the approved amount.

Amount of Credit applied for: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

The Undersigned consents to the obtaining of credit or personal information required at any time. Payment is due in full by the 15th of the month following. The undersigned agrees to pay interest on any outstanding balance at the rate of 2% per month. On default the undersigned further agrees that all lawyers fees and or agents costs of recovering the debt are also payable.

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Signature: \_\_\_\_\_

Note: You will be contacted to confirm/deny credit.

To be completed by Haliburton Lumber

Approved by: \_\_\_\_\_

Account #: \_\_\_\_\_  
Clerk \_\_\_\_\_