



KNOWLES BUILDING CENTRE
1 QUEEN STREET, KAPUSKASING, ON P5N 1G4
PHONE: 705-335-2251 FAX: 705-335-8028
EMAIL: sknowles@ntl.sympatico.ca

CONTRACTOR / BUSINESS CREDIT APPLICATION

Legal name: _____ Trading Name: _____

Business Address: _____ Box: _____ Town: _____

Prov: ____ Postal Code: _____ Yrs at address : ____ Yr started: _____ Yr Incorporated: _____

Tel: _____ Cel: _____ Alt # _____

Fax: _____ Email: _____

Corporation Sole Proprietorship Partnership Fiscal Year End _____

Principals / Shareholders:

1. _____
Name Home Address Title DOB

2. _____
Name Home Address Title DOB

Credit References:

1. _____
Name Address Fax

2. _____
Name Address Fax

3. _____
Name Address Fax

Bank: _____
Name Address Tel.

Account # _____



Name others permitted to charge: _____

Purchase Orders Used: Yes No Requested Amount: \$_____

I/we have the authority to sign and bind the corporation. I/we consent to Knowles 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 opened, I/we consent to the disclosure to credit reporting agencies and to Knowles Building Centre suppliers our credit status with Knowles Building Centre.

The applicant declares that the information given herein is for the express purpose of obtaining a house account and is to be true and correct. The applicant understands that this application is for an estimated monthly credit requirement and that Knowles Building Centre may at any time change this account's credit limit and may cancel this account if terms are not followed. Knowles Building Centre's account terms are net the 15th month following, with an interest rate of 2% monthly on all overdue amounts. Accounts past 60 days may be locked and if past 90 days, your account may be sent to collection agency. No credit cards are taken to make account payments.

I/we agree to the terms and policies of this house account by signing:

Applicant #1

Applicant #2

Print

Print

Date: _____

Date: _____

Account Number: _____

Approved Credit Limit: _____