Fraser's Pro Home Center

#4147 Hwy#1 BERWICK, N.S. B0P 1E0 Tel: 902-538-3183 Fax: 902-538-8202 E-MAIL: SDEMPSEY@FRASERS.CA



Commercial Credit Application



COMPANYS LEGAL NAME				
BILLING ADDRESS	TOWN	PROV	POS	STAL CODE
TEL# FAX# TYPE OF BUSINESS: () PROPRIETORSHIP (CELL# () PARTNERSHIP ()		BUSINESS START	
PLEASE LIST COMPANY'S PRINCIPALS NAME: 1:_	TITLE:	SIN#	Γ	OATE OF BIRTH
2:				
		ACCOUNTS PAYABLE CONTACT INFOTEL#		
NAME(S) OF APPROVED SIGNING OFFI	ICERS WHOM MAY	ORDER/PICK-UP	MATERIALS:	
1:		2:		
3:		4:		
5:		6:		
PLEASE TELL US ABOUT YOUR COM RELATED CREDIT REFERENCES:	IPANY'S FINANCIA	AL INFORMATIO	N	
2				
NAME OF FINANCIAL INSTITUTION	ADDRES	S CO	NTACT	TEL#
LAWYER'S NAME DO YOU HAVE A LINE OF CREDIT?	FIRM NA	ME COM	NTACT	TEL#
CREDIT LIMIT REQUESTED?		PAYMENT PREFERENCE?		
Air Miles#		() STATEMENT () INVOICE		
TERMS OF ACCOUNT: NET 30 DAYS. AIRM MONTH FOLLOWING USING CASH, CHEQUE WITH NO ADDITIONAL DISCOUNT ON ACCOUNCE. The rate of 1.5% per month and paid be decrease the rate of interest by notification in writ start of project.	OR DEBIT CARD. CRI UNT AND AIRMILES W efore any principle balan	EDIT CARDS WILL BE ILL BE FORFEITED. ce. Fraser's Supplies (ACCEPTED AS ME Interest will be char (1980) Ltd. Reserves	THOD OF PAYMENT ged on any overdue the right to increase/
The undersigned hereby certifies the above inform to any grantor or credit reporting agency with who granted, I/We hereby covenant and agree to persor with Fraser's Supplies (1980) Ltd. And that liability	om the undersigned has on ally guaruntee all debts	or may have financial re or liabilities incurred b	lations. In considera y the above named by	tion of the above being
Signature(s) of Principal(s)/Owner(s): (pleas SIGNATURE	e write and print your TITLE	name)		DATE
1				

"WORKING TO BUILD A BETTER TOMORROW

Account#	Salesman:
Αιτομηίπ	Salesman.