## **CREDIT APPLICATION**

Multiwood.com





Name of Business (Billing Address)	Shipping/Physical** Address
Legal Name	Trade Name
Address	Address
City	City
Province Postal Code	Province Postal Code
Phone	Phone
Fax	
e-mail	Web Site
**NOTE: If your billing address is to a post office box or Rural Rou	ute address, you MUST provide your physical location.
Company Information	
☐ Corporation ☐ Proprietorship ☐ Partnership	GST Registration #
Years in Business	WCB Registration #
Date of Incorporation	Business Premises are: ☐ Owned ☐ Leased
Landlord's Name	Phone
Nama & Address of Proprietors & Princip	agla
Name & Address of Proprietors & Princip	
Name	Name
Address	Address
City	City
Province Postal Code	Province Postal Code
Phone	Phone
% of OwnershipList additional Principals and F	% of OwnershipProprietors on a separate sheet.
	re currently in bankruptcy proceedings? $\square$ Yes $\square$ No
Payables	
Contact Person	Title
Phone	Fax
Email	Please send invoices and statements via:
Are Purchase Orders used? $\square$ Yes $\square$ No $\mid$ If NO, p	lease provide a list authorized purchasers
Credit Limit Requested: \$ WE ACCEPT YOUR TERMS OF SALE: NET 15 <sup>TH</sup> M	ONTH FOLLOWING INVOICE
Name Sign	ature
Non adherence to Multiwood Inc's terms of sale	will result in your account being placed on COD

Bank	Business Name
Branch	Contact Name
Address	Address
City	City
Province Postal Code	Province Postal Code
Phone	Phone
Fax	Fax
Account #	Email
Bank Contact	
Trade Reference #1	Trade Reference #2
	Business Name
	Contact Name
TING 10 NOT A DEDOCALA	Address
THIS IS NOT A PERSONAL	City
GUARANTEE	Province Postal Code
I hereby represent that I am authorized to	Phone
submit this application on behalf of the customer named herein, and that the	Fax
information provided is for the purpose of	Email
obtaining credit and is warranted to be true.  I/We hereby authorize Multiwood Inc. to	Trade Reference #3
investigate the references listed pertaining to my/our credit and financial responsibility. It is	
agreed and understood that all necessary	Business Name
collection and legal expenses and interest may be charged to debtor in the event of	Contact Name
default or failure to pay for the goods sold and	Address
delivered. I further represent that the customer applying for credit has the financial	City
ability and willingness to pay all invoices	Province Postal Code
within established terms.	Phone Fax
Signature:	Email
Name:	Liliali
realite.	
Title:	
Date:	For Office Hos Only
	For Office Use Only
	Comments
Credit Approved	
Credit Limit	
Date	