



445 Eastchester Avenue
 St. Catharines, Ontario, Canada L2M 6S2
 Phone: 905-688-9777 Fax: 905-688-9995

Credit Application Company Information

Exact Legal Name of Applicant: _____
 Operating as (if applicable): _____

Street Address: _____
 City/Province: _____
 Postal Code: _____

Phone #: _____ Fax #: _____

Corporation: _____ Partnership: _____ Individual _____

Principals

Name: _____ Title: _____
 Address: _____

Name: _____ Title: _____
 Address: _____

Banking Information

Business bank account with:

Bank name: _____
 Street Address: _____
 City/Province: _____
 Postal Code: _____ Phone #: _____ Fax #: _____
 Contact: _____

Trade References

(1) Name: _____ Phone: _____
 (2) Name: _____ Phone: _____
 (3) Name: _____ Phone: _____

In consideration of carrying on business with CNC Woodcraft Ltd., the undersigned, agree to guarantee, both individually and as a corporate officer, payment of all amounts due by the above named applicant, together with interest at two percent (2%) per month or twenty four percent (24%) per annum.

Name (print clearly): _____ Signature: _____
 Name (print clearly): _____ Signature: _____

*****This application must be filled out properly to warrant credit*****