



UCCM Building Material Supply Limited Partnership

386 Highway 551, P. O. Box 295, M'Chigeeng, Ontario P0P 1G0

Phone: (705) 377-5111 Fax: (705) 377-5113

CUSTOMER CREDIT APPLICATION

ALL FORMS MUST BE FULLY COMPLETED, NO ACCOUNT WILL BE OPENED UNTIL ALL DOCUMENTS ARE RECEIVED AND ARE SATISFACTORY.

Name of Company or Individual: _____

Contact Person (for Company): _____

Address: _____ Ship to: _____

Telephone: Home: _____ Work: _____ Fax: _____

E-mail Address: _____

HST # (if applicable): _____ Band # (if applicable): _____

Employer (for Individuals):

Name: _____ Telephone #: _____

Trade / Credit References:

1) _____ Telephone #: _____

2) _____ Telephone #: _____

3) _____ Telephone #: _____

Banking Information: (PLEASE NOTE: providing a VOID cheque will expedite the credit review)

Institution: _____ Branch: _____

Account #: _____

Telephone #: _____ Contact Person: _____

Credit Card:

Visa: _____ Expiry Date: _____

Mastercard: _____ Expiry Date: _____

Credit Limited Requested: _____

I understand that my charge account with UCCM Building Material Supply Limited Partnership will be due and payable on the last day of the month following the date of the monthly statement. All overdue accounts are subject to a 2 % interest charge per month. If this account is not kept current, all charging privileges will be discontinued. If accounts are not paid in full, I authorize UCCM Building Material Supply Limited Partnership to make payments from the above credit card unless other arrangements have been made.

Signature: _____

Date: _____