



Kimball Lumber & Building Supplies

314 Concession 8, RR #2 Essex ON N8M 2X6

(519) 776-6404 FAX (519) 776-4486

CUSTOMER CREDIT APPLICATION

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

LEGAL NAME: _____

TRADING NAME: _____

BUSINESS ADDRESS:

Address City Postal Code

MAILING ADDRESS:

Address City Postal Code

PHYSICAL LOCATION:

TELEPHONE NO.:

YEAR STARTED:

YEAR INCORPORATED:

FAX NO.:

E-MAIL ADDRESS:

Corporation

Sole Proprietorship

Partnership

FISCAL YEAR END: _____

PRINCIPALS/SHAREHOLDERS;

1 . Name Home Address Title D.O.B
2 . Name Home Address Title D.O.B
3 . Name Home Address Title D.O.B

FISCAL YEAR END:

AFFILIATED COMPANIES:

1 . Name Address Tel. No.
2 . Name Address Tel. No.

Have you or your shareholders ever owned/managed a company that has been declared bankrupt? YES [] NO []

If "YES", please state name of company and date of bankruptcy: _____

BANK:

Name Address Tel. No.

CREDIT REFERENCE(S):

1 . Bank Account #
2 Name Address Fax No.
3 Name Address Fax No.

PROVINCIAL SALES TAX LICENSE

NO.:

GST#:

(Sales tax will be charged unless an exception certificate is provided)

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