



**CarlWood Lumber Limited**  
**9492 287 St**  
**Maple Ridge, BC V2W 1L1**  
**Box 638**  
**Sumas, WA 98295**  
**Tel: 604-462-7517**  
**Fax: 604-462-0160**

**APPLICATION FOR CREDIT**

Name of Applicant: \_\_\_\_\_

Attn: \_\_\_\_\_

Address: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Names of Principals: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\*Amount of Credit Requested: \_\_\_\_\_

GST#: \_\_\_\_\_ PST#: \_\_\_\_\_ Fed Tax Id: \_\_\_\_\_

Bank and Branch: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Business Established: \_\_\_\_\_

Business Industry: \_\_\_\_\_

**Trade References:**

**Fax #:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Applicant agrees to our terms of payment: Net 30 days

Overdue accounts will bear interest at 2% per month or 26.8% per annum.

I hereby authorize **CarlWood Lumber Limited** to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirements. This consent is given pursuant to section 13 of the Credit Reporting Act.

Signature of Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_