

# Credit Application



679 Babin St. Dieppe, NB E1A 5M7  
Tel: 506-858-5855 Fax: 506-859-1817  
Website: [www.trianglekitchen.com](http://www.trianglekitchen.com)

## Internal Use only

Sales Representative	New Account Account Update	Credit Limit Requested	Payment Terms	Customer Code
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Please complete all sections below. Omissions may result in delays in processing your application.

## General Information

Company Legal Name		Trade Name	
Billing Address	City	Province/State	Postal/Zip Code
Phone	Fax	Corporate Website	
Shipping Address (Attach separate list if multiple locations)		City	Province/State
			Postal/Zip Code
A/P Contact	Phone	Ext.	Email
Purchasing Contact	Phone	Ext.	Email
Purchase Order Required	Yes	No	
HST #	IRS #		

## Business Information

Form of Business			
Corporation	LLC	Partnership	Sole Proprietorship
Date Business Started	If Subsidiary, Name of Parent Company		
Business Premises Owned      Leased	If Leased, Name and Address of Landlord	Sq. Ft of Premises	No. of Employees

## Company Officers/ Principals

Name	Title	Phone	Email
Residential Address			
Name	Title	Phone	Email
Residential Address			
Name	Title	Phone	Email
Residential Address			

## Bank/Financial Institutions

Bank Name	Address City Zip Code		Transit No.	Account No.
Contact Name	Phone	Fax	Email	
Bank Name	Address City Zip Code		Transit No.	Account No.
Contact Name	Phone	Fax	Email	

## Trade References

Supplier Name Address City Zip Code		Contact Person	
Phone	Fax	Email	
Supplier Name Address City Zip Code		Contact Person	
Phone	Fax	Email	
Supplier Name Address City Zip Code		Contact Person	
Phone	Fax	Email	
Supplier Name Address City Zip Code		Contact Person	
Phone	Fax	Email	

## Terms and Conditions

I, the undersigned, as an authorized officer of \_\_\_\_\_ do hereby give consent to **Dover Woods Cabinetry** its agents, employees and assigns, to obtain at any time and from any source including but not limited to the bank(s) and trade references noted above such credit reports or other information as they deem necessary for the purpose of granting credit and monitoring credit risk as it pertains to this application.

I understand that this application for credit in no way binds **Dover Woods Cabinetry** to extend credit and that **Dover Woods Cabinetry** may at its sole discretion modify or withdraw at any time any credit terms extended.

I agree to pay all outstanding obligations according to the established payment terms and agree that **Dover Woods Cabinetry** shall be entitled to charge interest at a rate of 1.25% per month (15% per annum) on any overdue obligation commencing on the due date of the obligation is paid in full. Title to the goods remains with **Dover Woods Cabinetry** until paid in full.

Signature \_\_\_\_\_

Name (Please print) \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

### Payment method:

**Electronic Fund Transfer EFT**

**Cheque**

Authorization

DOVER WOODS CABINETRY

AUTHORIZATION TO RELEASE BANK INFORMATION FORM

Date:

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(LEGAL NAME OF COMPANY)

HAS GIVEN AUTHORIZATION TO RELEASE BANK INFORMATION  
FOR THE PURPOSE OF A CREDIT TRADE INQUIRY  
BY DOVER WOODS CABINETRY

AUTHORIZED SIGNATURE IN ACCORDANCE WITH BANKING  
RESOLUTIONS:

SIGNED BY:

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TITLE:

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