

Bauman Sawmill Inc.

CREDIT APPLICATION FOR A BUSINESS ACCOUNT



Streamridge.ca A Registered Trade Name of Bauman Sawmill Inc.

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		Province:	Postal Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		Province:	Postal Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		Province:	Postal Code:
Type of account	Account number		
Savings			
Checking			
CREDIT DESIRED:	\$		

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		Province:	Postal Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		Province:	Postal Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		Province:	Postal Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices must be paid within the agreed terms.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Bauman Sawmill Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date:

PLEASE FAX BACK TO 519-698-2831