



# VCS Building Supplies

135 -145 Highway East, Victoria, Conception Bay, NL A0A 4G0

PHONE: 709-596-7284 FAX: 709-596-1936

## 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: \_\_\_\_\_

HST # (if applicable): \_\_\_\_\_ Band # (if applicable): \_\_\_\_\_

Employer (for Individuals):

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Credit References:

- 1) \_\_\_\_\_ Telephone #: \_\_\_\_\_
- 2) \_\_\_\_\_ Telephone #: \_\_\_\_\_
- 3) \_\_\_\_\_ Telephone #: \_\_\_\_\_

Banking Information:

Institution: \_\_\_\_\_ Branch: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Credit Card:

Visa: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Mastercard: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Other: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Credit Limited Requested: \_\_\_\_\_

I understand that my charge account with VCS Building Supplies 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 VCS Building Supplies to make payments from the above credit card unless other arrangements have been made.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_