

Account Number _____



Spring Valley Building Centre Ltd.
Phone (902)836-4289 Fax (902)836-3634

CONSUMER CREDIT APPLICATION

APPLICANT NAME _____

EMPLOYER _____
First Middle Last POSITION _____

DATE OF BIRTH _____ SIN # (optional) _____

CO-APPLICANT NAME _____

EMPLOYER _____
First Middle Last POSITION _____

DATE OF BIRTH _____ SIN # (optional) _____

MAILING ADDRESS _____

PREVIOUS ADDRESS _____
Address City Prov Postal Code

(if less than 2 years) Address City Prov Postal Code

CIVIC ADDRESS _____

PHONE NUMBERS _____
Number Name Type
Home _____ CELL _____

Work _____

EMAIL ADDRESS _____ Email Statements **YES or NO**

PROJECT _____ PROJECT ESTIMATE _____

CIVIC ADDRESS OR PID# _____

FINANCIAL INSTITUTION _____ CONTACT _____

SOURCE OF FINANCING Personal Funds ____ Loan ____ Mortgage ____

LAWYER _____

Name Contact Number

CONTRACTOR _____

AUTHORIZED PURCHASERS _____

The undersigned hereby applies to the above company for a 30 day (net balance due in 30 days) charge account or deferred payment account and agrees to pay a service charge of not more than 27% annum(2.25% per month) compounded for the extension of credit on the above terms. I consent to Spring Valley/O'Leary Building Centre Ltd. obtaining credit information about us personally and about the applicant from third parties at any time during the application process and afterwards. Further, if an account is opened, I consent to the disclosure to credit reporting agencies and Spring Valley/O'Leary Building Centre Ltd to suppliers our credit status with Spring Valley/O'Leary Building Centre Ltd. I represent and warrant that the information in the application is true and correct in all material aspects. The undersigned consents to the obtaining of such credit information as Spring Valley/O'Leary Building Centre Ltd may require at any time in connection with the credit hereby applied for, or any renewal or extension thereof; and further consents to the disclosure of any information concerning the undersigned to any credit reporting agency, or any person with whom the undersigned, has or purposes to have financial relations. I also declare that the information disclosed in the application represents a true and accurate presentation of our current financial position in all aspects.

Dated at _____ the _____ of _____ 20____
City Day Month Year

APPLICANT'S SIGNATURE _____

CO-APPLICANT'S SIGNATURE _____

Approved	Date	Limit
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