

Central

CREDIT APPLICATION

Antigonish
New Glasgow
Sydney
Port Hawkesbury
Windsor
Inverness
Guysborough

Please Specify
(If Applicable)

Contractor

New Construction

Renovations

Last Name		First Name		Initial		Mr.	Mrs.	Social Insurance Number		
						Ms.	Miss.			
Date of Birth	Married Single	Divorced Separated Common-Law	Spouse's Name		Date of Birth	Social Insurance Number		# of Dependents	Telephone #	
Street Number & Name			Apt. #	City		Province		Postal Code	Own Rent	
Email Address										
EMPLOYMENT	Employer's Name			Work Telephone #			How Long?	Gross Monthly Salary \$		
	Occupation		Part Time Seasonal Full Time	Former Employer (If less than 2 yrs.)				How Long?		
	Spouse's Employer Name & Address					How Long?	Monthly Salary Gross \$			
	Occupation		Part Time Seasonal Full Time	Former Employer (If less than 2 yrs.)				How Long?		
FINANCING	Financial Institution where funds for this project have been arranged					Mortgage	Personal Funds Personal Loan			
	Contact Person					Branch Location				
REFERENCES	Primary Financial Institution				Account #		Chequing Savings	Loan		
	Credit References: Name of firm & address									
	Have you or your spouse ever had an account with us previously?					Yes	No	When?		
	Personal Reference, Name & Address									

PAYMENT OF ACCOUNT IS DUE AND PAYABLE AT THE END OF THE MONTH FOLLOWING MONTH OF PURCHASE. THE UNDERSIGNED AGREES TO PAY A SERVICE CHARGE OF 2.5% PER MONTH (30% PER ANNUM) ON ANY AMOUNT OUTSTANDING BEYOND THE END OF THE MONTH, FOLLOWING MONTH OF PURCHASE.

The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any renewal or extension thereof and to disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations. **VISA OR MASTERCARD WILL NOT BE ACCEPTED AS PAYMENT ON CENTRAL CREDIT ACCOUNTS.**

Date: _____

Applicant's Signature **X** _____

Co-Applicant's Signature **X** _____

Sales Associate	Credit Limit Required	Account #	Initial
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