

**SELECT Sawmill Co.**

5889 County Road 17  
 Plantagenet, ON  
 Canada K0B 1L0

Tel: 613-676-1267  
 Fax: 613-673-2854  
 sales@selectsawmill.com  
 www.selectsawmill.com

**EQUIPMENT INFORMATION**

Equipment Description:

Cost: \$                      Year:                      Make:                      Model:

**VENDOR INFORMATION**

Vendor Name: SELECT Sawmill Co.

Vendor Address: 5889 County Road 17                      City: Plantagenet                      State: ON                      Postal Code: K0B1L0

Contact Person: Luc Carriere                      Tel: 613-673-1267

**LESSEE COMPANY INFORMATION**

Company Name:                      Time In Business:

Company Address:                      City:                      State:                      Zip:

Signer:                      Title:                      Tel:                      Fax:                      Cel:

Nature of Business:                      Emil Address:

**PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTOR'S**

Name:                      Title:                      Social Security Number:

Home Address:                      City:                      State:                      Zip:                      Home Tel:

Name:                      Title:                      Social Security Number:

Home Address:                      City:                      State:                      Zip:                      Home Tel:

**COMPANY BANK REFERENCES - TWO YEARS**

Name of Bank and Branch:                      Telephone:

Checking Account Number:                      Contact Officer:

Name of Bank and Branch:                      Telephone:

Checking Account Number:                      Contact Officer:

**TRADE REFERENCES - TWO YEARS**

Name of Supplier:                      Account#:                      Tel:                      Contact:

Name of Supplier:                      Account#:                      Tel:                      Contact:

Name of Supplier:                      Account#:                      Tel:                      Contact:

By signing below, the undersigned individual, as principal of and/or guarantor for the applicant, authorizes Select Sawmill Co, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**Thank you for completing the application form. Kindly submit by fax at (613) 673-2854 or email at [sales@selectsawmill.com](mailto:sales@selectsawmill.com)**