



Brechin Timbermart Inc.  
 2218 Trans-Canada Hwy,  
 Brechin, ON  
 L0K 1B0

# NEW ACCOUNT SET UP

## ACCOUNT TYPE

**CASH**

Each invoice is paid at the time of purchase.

**CREDIT CARD**

The account is paid off every Wednesday using the credit card provided.

**NAME** \_\_\_\_\_

### MAILING ADDRESS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### DELIVERY ADDRESS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Email Address

Would you like invoices sent at time of purchase by email  
 Would you like your monthly statement sent by email

Yes  
 Yes

### PHONE NUMBERS

Only provide the numbers you would like us to contact you at.

**1st** \_\_\_\_\_  
**2nd** \_\_\_\_\_  
**3rd** \_\_\_\_\_  
**FAX** \_\_\_\_\_

### PEOPLE AUTHORIZED TO CHARGE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby authorize CBS Bancroft Inc./ Wilson Timber Mart to charge to my credit card the account balance owing every Wednesday using the credit card information I have provided below. I understand that if the charge to my credit card is not approved, that my account will be placed on HOLD until the account balance is paid in full.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

For the Credit Card Account we need a credit card # and an Airmiles # if you have one.

**CREDIT CARD#** \_\_\_\_\_ **Expiry** \_\_\_\_\_

**AIRMILES#** \_\_\_\_\_ **CVC** \_\_\_\_\_