



CBS Bancroft Inc.
Box 970 Bancroft, ON K0L 1C0

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** _____