



GRANDOR LUMBER INC.

ALPA LUMBER GROUP

5224 BANK ST, OTTAWA, ONTARIO, K1X 1H2
TEL: 613-822-3390 TOLL FREE: 1-800-664-9529 FAX: 613-822-3389
www.grandor.ca

CASH ACCOUNT

Applicant's Name: _____ Tel #: (Home) _____
(Last Name, First Name) Cell #: _____

Name to Appear on Invoices: _____

E-mail Address: _____

Applicant's Address: _____

City: _____ Province: _____ Postal Code: _____

Others associated with account:
Partner: _____
Framer: _____
General Contractor: _____
Builder: _____
Other: _____

Complete if building a House:
Lot #: _____ Street Name: _____
Civic Address: _____

Date: _____ Signature: _____

Salesman Code: _____

Grandor Lumber Inc.
Claire Liniger
Credit Manager

Telephone #: _____



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Date: _____

PRE-AUTHORIZED FOR CREDIT CARD PAYMENT

I _____ give Grandor Lumber Inc.

Please Print Name

Permission to take a 50% deposit on Truss and Stair orders at time of order and balance prior to
production

Permission to take 50% deposit on Trim orders at time of order and balance prior to
shipping

Permission to clear Lumber and Floor invoices prior to shipping.

I have provided a copy of my credit card number and expiry date.
A copy of each receipt will be attached to delivery slip/ invoice.

Name on Card: _____

Financial Institution: _____

Visa:

MasterCard:

Card number: _____

Expiry: ____/____

Signature: _____

Grandor Lumber Inc.
Claire Lineger
Credit Manager