

This is a 2-page document. Please complete both pages.

PLEASE COMPLETE, SIGN AND RETURN TO THE CREDIT DEPARTMENT:

 Sinclair Supply Ltd. • 10914-120<sup>th</sup> Street NW, Edmonton, AB T5H 3P7 • Toll Free: 1-800-661-8724 • Telephone: 780-452-3110 • Fax: 780-455-5064 • Email: credit@ssl.ca

- CASH SALES APPLICATION (Check here and fill out SECTION 1 ONLY)  
 CREDIT APPLICATION (Check here and fill out SECTIONS 1 AND 2)  
 WEBSTORE ACCESS (Check here and fill out SECTIONS 1, 2 AND 3)

**SECTION 1**

Company or Business Name (Legal): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Bus. Ph: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Res. Ph: \_\_\_\_\_

Shipping Address (if different from Mailing Address): \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

 Length of time in business : \_\_\_\_\_ Type of Company:  Limited  Partnership  Proprietorship

 Type of Business: \_\_\_\_\_ Are your business premises:  Owned  Rented

Trade Certification Number: \_\_\_\_\_

Person Responsible for Accounts (contact person): \_\_\_\_\_

 Owners/Officers of Company (*must be completed*)

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION 2**

Applicant's Bank: \_\_\_\_\_ Address: \_\_\_\_\_

 Is P.O. required?:  YES  NO Monthly Required Line of Credit \$: \_\_\_\_\_

 Select your preferred payment method:  EFT  Credit Card  Cheque

 GST #: \_\_\_\_\_ PST # (*if applicable*): \_\_\_\_\_  I/We declare the goods purchased are for resale and PST Exempt

 How would you like our invoices and statements sent to your office?  Mail  Emailed to: \_\_\_\_\_

Business References (where credit is currently extended):

1. Name: \_\_\_\_\_ 3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 3**

For customers requesting WebStore Access.

 Our confirmation email will contain your new account number. Please use this information to create your WebStore access at [www.sinclairsupply.ca](http://www.sinclairsupply.ca).

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

 (Check box)  I have read and agree with the **Terms of Sale** as posted on Sinclair Supply Ltd.'s website: [www.sinclairsupply.ca](http://www.sinclairsupply.ca).

## TERMS AND CONDITIONS

### TERMS OF CREDIT

- 2%15DAYSNET30 – 2% discount if payment made within fifteen days otherwise NET payment is due 30 days from the invoice date. No cash discount on specialty orders and payments made by credit card.
- Quantity pricing sales and commercial sales are Net 30 days.
- 1.5% per month (18% per year) service charge levied and payable on balance owing the following month end.
- Accounts over 60 days require a payment before additional credit is extended.
- Shipping errors, shortages and claims must be reported to us within 48 hours of shipment.

I/We, being the principal(s) of \_\_\_\_\_ (hereinafter referred to as the Corporate Customer) acknowledge and agree that I am/we are applicant(s) and will be personally liable jointly and severally with the Corporate Customer for the payment of any and all debts incurred by and credit granted to the Corporate Customer by Sinclair Supply Ltd. As a result of this application, whether or not the invoice is made out solely in the name of the Corporate Customer. I/We further agree to be jointly and severally liable to indemnify Sinclair Supply Ltd. and shall pay your account or any order invoiced to the Corporate Customer.

I/We consent to Sinclair Supply Ltd. obtaining from, exchanging with or disclosing to other credit grantors and recognized credit bureaus any and all information concerning the undersigned for the purposes of insuring the accuracy of this information, conducting ongoing credit investigations, monitoring credit status and entering into and performing the agreement. The undersigned have read and agree to comply with the above terms and conditions.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MUST be signed)

Print Name and Title: \_\_\_\_\_

Signature of Co-Applicant OR Majority Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(MUST be signed)

Print Name: \_\_\_\_\_

Signature of Co-Applicant OR Majority Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(MUST be signed)

Print Name: \_\_\_\_\_

Signature of Co-Applicant OR Majority Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(MUST be signed)

Print Name: \_\_\_\_\_

## PRIVACY POLICY

1. Information collected will be used only for purposes related to or required for the work you have entrusted us.
2. We will only collect information required to achieve aforementioned purposes and maintain it only for the time needed to fulfill those purposes.
3. Any information collected will remain confidential and only personnel acting on your behalf will have access to that information.
4. With reasonable notice, you will always have access to any information we have collected.
5. All credit information (references) will be held in our accounting office.

## OFFICE USE ONLY

Date Received: \_\_\_\_\_ Price Class: \_\_\_\_\_

Branch Manager Approval: \_\_\_\_\_

Comments: \_\_\_\_\_  
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