

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

PLEASE COMPLETE, SIGN AND RETURN TO THE CREDIT DEPARTMENT:

 Sinclair Supply Ltd. • 10914-120th 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)
 Check here if you want **WEBSTORE ACCESS** (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

Person Responsible for Accounts (contact person): _____

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

Full Name: _____ Position: _____

Address: _____ Phone: _____

Full Name: _____ Position: _____

Address: _____ Phone: _____

Full Name: _____ Position: _____

Address: _____ Phone: _____

SECTION 2

Bank: _____ Address: _____

Is P.O. required?: _____ Required Line of Credit \$: _____

 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 Faxed 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.

Please supply us with your contact information. Our confirmation email to you will contain information for your login and password.

Name: _____ Email: _____ Job Title: _____

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

TERMS AND CONDITIONS

TERMS OF CREDIT

- 2%15NET30 – 2% discount if payment within fifteen days otherwise NET payment is due 30 days of after invoice date. No cash discount if payment is 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.
- Errors, shortages and claims must be reported to us within 10 days 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: _____ Comments: _____
