



SDI Supplies Ltd. APPLICATION FOR CREDIT

Please complete the form below and fax it back to (905)799-6268
or email it to sales@sdisupplies.ca

BUSINESS INFORMATION

Company name:		
Phone:	Fax:	Website:
Bill-to Address:		
City:	Province:	Postal:
Default Shipping Address (if different from above):		
City:	Province:	Postal:
Date business commenced:		
Sole proprietorship:	Partnership:	Corporation:
Nature of business:		
HST Number:		

ACCOUNTING & CREDIT INFORMATION

Accounts Payable Contact:		
Telephone:	Fax:	E-mail
Invoices will be faxed or emailed to you. Please select your preference:	<input type="checkbox"/> Email:	<input type="checkbox"/> Fax:
Bank name:		
Bank address:	Phone:	
City:	Province:	Postal:
Account Number:	Account Manager:	
Amount of Credit Requested: \$		

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	Province:	Postal:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	Province:	Postal:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	Province:	Postal:
Phone:	Fax:	E-mail:

AUTHORIZED SIGNATURE

Printed Name:	Signature:
Title:	
Date:	