

SALES REP: _____

BUSINESS INFORMATION

Company's Legal Name: _____

Phone: _____ Fax: _____ Website: _____

Bill To Address: _____

City: _____ Province: _____ Postal Code: _____

Default Shipping Address (if different from above): _____

City: _____ Province: _____ Postal Code: _____

Date Business Commenced: _____

Sole Proprietorship Partnership Corporation

Nature of Business: _____

HST Number: _____

ACCOUNTING & CREDIT INFORMATION

Accounts Payable Contact: _____ P.O. Required Yes No

Phone: _____ Fax: _____ Email: _____

Invoices will be faxed or emailed to you. Please select your preference:

Fax: _____ Email: _____ Account Statements: Yes No

Bank Name: _____

Bank Address: _____ Phone: _____

Account No. _____ Account Manager: _____

Amount of Credit Requested: \$ _____

BUSINESS/TRADE REFERENCES (Do not include secured creditors or office supply companies)

Company Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

TERMS: Our Terms of Payment are net 30 Days.

The undersigned certifies the above to be true and affirms that any credit given to us is extended upon the basis of such information. The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any removal or extension thereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations. Title of goods shall remain with SDI Supplies until account is paid in full.

Date: / /
 DD MM YY

Authorized Signature: _____

Title: _____ Printed Name: _____