

# APPLICATION FOR CREDIT

SOUTHRIDGE BUILDING SUPPLIES LTD.

17444 – 56 Ave., Surrey, BC V3S 1C3 Tel: 604 576-2113 Fax: 604 576-2171

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CUSTOMER NAME: \_\_\_\_\_

Residence or Business Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Cellular No.: \_\_\_\_\_

Social Insurance No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home or Business Location Rented or Owned: \_\_\_\_\_

Must Have Purchase Order? \_\_\_\_\_ Authorized Purchasers: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ P.S.T. No. (If Applicable): \_\_\_\_\_ Credit Requested (Maximum): \_\_\_\_\_

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**If Applying for Company, Partnership, or Proprietorship Account, List ALL PRINCIPAL(s) Below:**

Principal Name: \_\_\_\_\_

Principal Address: \_\_\_\_\_ Principal Phone No.: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Principal Address: \_\_\_\_\_ Principal Phone No.: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Principal Address: \_\_\_\_\_ Principal Phone No.: \_\_\_\_\_

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**List Credit References including Banking Information:**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Account No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Representative Contact: \_\_\_\_\_

Co. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Representative Contact: \_\_\_\_\_

Co. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Representative Contact: \_\_\_\_\_

Co. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Representative Contact: \_\_\_\_\_

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**Current Construction Project:**

Owner Name and Address: \_\_\_\_\_ Job Site Address: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Account No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Representative Contact: \_\_\_\_\_

## CREDIT POLICY

Credit will only be extended after a detailed credit check is completed. All information supplied will adhere to the Privacy Act as currently inscribed in the province of British Columbia.

On approval of credit, a credit limit will be established by the Credit Department and the Sales Representative. Orders received when the customer is over their credit limit will be accepted solely at the discretion of the Credit Department.

All credit privileges are automatically terminated with the receipt of an N.S.F. cheque. Credit privileges will be withheld until satisfactory arrangements are made regarding the full outstanding balance.

Accounts where payment has not been received within 30 days of advertising will be subject to cancellation without further notice and all orders will be handled C.O.D. only, or solely at the discretion of the Credit Department.

Unidentified and Lump-sum payments will apply to the oldest invoices or charges in the account unless specifically directed at the time payment is made.

Goods returned for credit require Supplier approval and must be in original condition and packaging, and are subject to a minimum restocking charge of 20%. Cartage "outbound" or "inbound" on goods returned is not refundable.

I agree to pay account balance within 30 days of statement date, and will accept carrying charges of 2% per month (26.8% per annum) on any balance due over this 30 days period. I hereby authorize the firm to whom this application is submitted to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of an account or for any other direct business reason.

I also agree to pay the Supplier all losses, costs, expenses, and fees arising from, or related to, purchases made on this account and efforts to collect payment for those purchases.

**We have read and understand your terms of credit as indicated above and agree to abide by them. We also understand that we are PERSONALLY responsible and liable for payment of all goods supplied by, or on behalf of, Southridge Building Supplies Ltd.**

Principal's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Please Print*

Principal's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Please Print*

Principal's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Please Print*

Date: \_\_\_\_\_

OFFICE USE ONLY: Credit Limit Granted: \_\_\_\_\_  
Approved By: \_\_\_\_\_  
Account No.: \_\_\_\_\_

Sales Representative: \_\_\_\_\_  
Rejected By: \_\_\_\_\_  
Date Account Opened: \_\_\_\_\_