



**SHOEMAKER**  
DRYWALL SUPPLIES

SERVICING THE WEST SINCE 1974

Head Office: 7012-8<sup>th</sup> Street NE Calgary, Alberta T2E 8L8 Phone: 403 291-1013 Fax: 403 516-2342

**APPLICATION FOR CREDIT**

LEGAL NAME \_\_\_\_\_ OPERATING AS (DBA) \_\_\_\_\_ PHONE # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_

CITY/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

SOLE OWNER \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ DATE BUSINESS COMMENCED OPERATIONS \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

PARENT OR AFFILIATED COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

**COMPANY OWNERSHIP**

NAME	POSITION	ADDRESS	TELEPHONE

S.I.N (optional) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HAVE YOU FILED FOR A BUSINESS OR PERSONAL BANKRUPTCY? \_\_\_\_\_ PREFERRED SDS LOCATION \_\_\_\_\_

**COMPANY BANKING**

NAME OF BANK	CONTACT NAME	ADDRESS	FAX	TELEPHONE

**TRADE AND PERSONAL REFERENCES (CREDIT CARDS, LOANS, OPERATING LINES)**

NAME	ADDRESS	FAX	TELEPHONE

ARE PURCHASE ORDERS REQUIRED? \_\_\_\_\_ CREDIT LIMIT REQUIRED (30 DAY NET TERMS) \_\_\_\_\_

**IT IS UNDERSTOOD AND AGREED AS FOLLOWS:**

I/We jointly and severally agree to pay your account when due and to pay interest at 2% per month on all over-due balances. This agreement allows SDS to make such requests and obtain such reports as is necessary to ascertain credit worthiness. SDS retains the right to suspend credit without notice in the event that the above terms are not complied with. Any errors in SDS billings should be reported promptly by the applicant in order to avoid service charges.

I/We authorize SDS to give to, obtain, verify, share and exchange credit and other information about me/us with others, including credit bureaus, and other persons with whom you may have financial dealings, as well as any other person as may be permitted or required by law.

\*PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL BE DELAYED. (Please be sure to fill in ALL information including phone & fax numbers).

DATED: \_\_\_\_\_ NAME OF APPLICANT: \_\_\_\_\_

POSITION: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NAME OF CO-APPLICANT \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**FAX BACK TO 403-516-2342 OR DROP OFF AT YOUR BRANCH LOCATION**