



SHOEMAKER
DRYWALL SUPPLIES

Servicing the West for Over 40 Years

HEAD OFFICE: 7012-8th STREET NE CALGARY, ALBERTA T2E 8L8 PHONE: 403 291-1013 FAX: 403 516-2342

APPLICATION FOR CREDIT

Date of Application _____ Account Manager SDS _____

Customer's Legal Name _____

Customer's Trade Name _____

Street Address _____

City/Province _____ Postal Code _____ Email _____

Phone # _____ Fax # _____ Cellular # _____

SDS Locations Needed _____

Business Type (Check Appropriate) Sole Proprietorship Partnership Corporation Limited Partnership

Accounts Payable Contact _____ Accounts Payable Contact Phone # _____

Email for Invoices or Statements _____ Purchase Orders Required? Yes No

Credit Limit Requested (based on two months purchases) \$ _____

Business Operation

General Contractor Sub Contractor Other _____ Date Operation Began _____ No of Employees _____

Company Ownership (and Co-Applicant Information)

(1) Name _____ Date of Birth _____ SIN # _____

Street Address _____ City/Province _____ Postal Code _____

Phone # _____ Fax # _____

Have You Filed For a Business OR Personal Bankruptcy? _____ If yes are you discharged? _____

(2) Name _____ Date of Birth _____ SIN # _____

Street Address _____ City/Province _____ Postal Code _____

Phone # _____ Fax # _____

Have You Filed For a Business OR Personal Bankruptcy? _____ If yes are you discharged? _____

Financial References

Bank _____ Manager _____

Phone # _____ Fax # _____

Branch # _____ Transit # _____ Account # _____

Type of Account

Chequing Savings Loan Line of Credit *Attaching a Void Cheque will provide the required information

Supplier References

1) Business Name _____ Contact _____

Phone # _____ Fax # _____

2) Business Name _____ Contact _____

Phone # _____ Fax # _____

3) Business Name _____ Contact _____

Phone # _____ Fax # _____



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A Partnership of Ryan Shoemaker Holdings Ltd & Shoemaker Drywall Supplies Ltd, or any affiliates or subsidiary companies (referred to in this agreement as "SDS") agrees to grant credit privileges to the customer (as defined in the Application for Credit) on the following terms and conditions:

1. 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.
2. This agreement allows Shoemaker Drywall Supplies (SDS) to make such requests and obtain such reports as is necessary to ascertain credit worthiness.
3. It is understood that SDS has no obligation to grant credit for this application and/or future applications. Approval of this application shall be sent out in a credit approval letter to the customer.
4. In the event of a disputed invoice, the customer must notify SDS within 30 days of invoice date. The failure to advise shall constitute acceptance of the invoice, and its accuracy by the customer.
5. Where SDS provides products and services to the customer for an improvement or project which falls under one general contract, then for the purposes of the Builders' Lien Act, all such building material and supplies shall be deemed to be provided under one continuous contract.
6. SDS makes no warranty or conditions, expressed or implied, including, but not limited to any implied warranty or condition of merchantability or fitness for a particular purpose. The Customer is responsible for determining whether any and all products sold by SDS are fit for a particular purpose and suitable for the customer's purpose and method of application or installation. A manufacturer's warranty may be available.
7. Terms of sale is Net Statement due 15th of month following.
8. 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.
9. Any changes regarding business structure, ownership or incorporation must be made in writing to SDS when changes happen.
10. Any change regarding personnel or purchasing authority must be made in writing to SDS.
11. The customer will assume full responsibility for any costs incurred including solicitor/ client fees, for the collection of the account by SDS.
12. Facsimile copy of this credit application shall have the same force and effect as the original copy.

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 and DROP OFF AT YOUR BRANCH LOCATION