

BURNABY
4925 STILL CREEK AVE
BURNABY, BC
604-294-4411



NORTH VAN
22 BEWICKE AVE
NORTH VANCOUVER, BC
604-985-4411

LEGAL NAME (IN FULL): (the "Customer") _____
(First Name) (Middle Name) (Last Name)

Preferred First Name: _____ Email: _____

Mr. tick one Ms. SIN #: _____ Date of Birth: Month: _____ Day: _____ Year: _____
mm dd yyyy

Home Address: _____ City: _____ Province: _____

Own Rent Address of ownership if differs from above _____

Postal Code: _____ Cell #: _____ Home #: _____ Work #: _____

Employer: _____ Occupation: _____

Personal Bank: _____ Branch: _____ Spouse Name: _____

JOB ADDRESS(ES) / TYPE OF PROJECT(S): (Additional job addresses may be added in future upon verbal confirmation)

Type of Business:	Please check all that apply:			
Developer/Spec Builder <input type="checkbox"/>	Framing <input type="checkbox"/>	Landscape / Fencing <input type="checkbox"/>	Renovator <input type="checkbox"/>	Single-Family Contractor <input type="checkbox"/>
Export <input type="checkbox"/>	Homeowner / Personal <input type="checkbox"/>	Multi-Family Contractor <input type="checkbox"/>	Restoration <input type="checkbox"/>	Site Prep Excavation <input type="checkbox"/>
Finishing <input type="checkbox"/>	Industrial <input type="checkbox"/>	Property Maintenance <input type="checkbox"/>	Roofing <input type="checkbox"/>	Wholesale <input type="checkbox"/>
Forming <input type="checkbox"/>	Installer <input type="checkbox"/>	Rebar Installer <input type="checkbox"/>	Siding Installer <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

SALES REP REQUEST: _____

Billing via: (Select One) <input type="checkbox"/> Email OR <input type="checkbox"/> Mail	Send me info on (Select One) Automatic credit card payment <input type="checkbox"/> Y OR <input type="checkbox"/> N	Online Access! (Select One) Access to view your account online <input type="checkbox"/> Y OR <input type="checkbox"/> N
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COMPLETE IF APPLICABLE Please note Doing Business As (DBA) / Sole Proprietor information below:
 ****ATTENTION: If you are a Registered Corporation, please complete a Corporate Application ****

BUSINESS NAME: (If applicable) _____

BUSINESS ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ BUSINESS #: _____ FAX #: _____

NAME OF BANK (If differs from personal bank above)	BRANCH ADDRESS / LOCATION	ACCOUNT NUMBER	
NATURE OF BUSINESS	YEAR ESTABLISHED	BUSINESS REGISTRATION NUMBER	ANNUAL REVENUE
OWN/RENT BUSINESS ADDRESS	NUMBER OF EMPLOYEES	GST NUMBER	PST EXEMPT NUMBER

*AIR MILES # 8 Name on card: _____
(Applied to invoices paid within terms)

SUPPLIER REFERENCES

SUPPLIER NAME	LOCATION	LIMIT GRANTED	PHONE / EMAIL CONTACT





TERMS:

All accounts are due and payable on or before the 15TH day of the month following the date of invoice. Interest will be charged at the rate of 2% per month, calculated and compounded monthly, being 26.82 % (per annum) on all overdue accounts together with solicitor/client costs of collecting overdue account. Unspecified payments will be applied first to interest, and then subsequently to outstanding invoices. In order to protect your credit rating, please ensure payments are made promptly. If you are missing invoices or statements, please inform our Credit Department prior to your account being due so we may provide you with an additional copy.

AUTHORIZATION:

The undersigned hereby authorizes Standard Building Supplies Ltd. (“Standard”) to obtain any information required related to this application now or in future from any source to which Standard and its agents may apply. Therefore, each source is hereby authorized to provide Standard with such information. The undersigned agree that Standard may share or disclose information to other lenders and credit bureaus.

The Customer grants to Standard a security interest over all goods supplied to the Customer and over all of the Customer’s present and after-acquired personal property and assets as security for payment and performance of all obligations to Standard from time to time. The Customer waive their rights to receive any financing statement or verification statement relating to any registration of the security interest.

Delivery of an executed copy of this Credit Application via facsimile, or other means of electronic communication producing or capable of producing a printed copy will be deemed to be execution and delivery of this credit application under seal and on the date of such communication by the Customer.

APPLICATION PRECEDENCE:

The application and terms indicated herein will set precedence over any differing terms the applicant may send within purchase orders or other documents when purchasing in future. All contracts must be provided to the Credit Department to be signed and agreed upon by the Credit Manager or a Principal Owner of Standard to be considered and validated.

By signing the application for credit agreement, the Customer certifies all information is correct and acknowledge that they have read and agreed to the terms and conditions set forth herein or attached hereto.

DATED AT: _____ THIS _____ DAY OF _____ (YEAR)
(PLACE / LOCATION) (DAY) (MONTH)

Signature of **Witness**

Print Full Legal Name of **Witness**

1) _____
Signature of Applicant (*the “Customer”*)

2) _____
Print Full Legal First/Last Name

* 3) _____
BUSINESS NAME: (*If applicable*)

***Please review your application before submitting to ensure it is completed in full.
Incomplete information may cause a delay in the application process.***