

# Sandi Builder Supply Ltd.

11920 Horseshoe Way, Richmond, BC V7A 4V5

TEL:604-272-7744 / FAX: 236-454-4031

PLEASE COMPLETE AND SUMIT BY EMAIL TO [accountingcan@sandicabinet.com](mailto:accountingcan@sandicabinet.com)

## APPLICATION FOR BUSINESS ACCOUNT

LEGAL BUSINESS NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
TRADE NAME / OPERATING AS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
BILLING ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_  
BUSINESS:  LIMITED COMPANY  PARTNERSHIP  PROPRIETORSHIP  
RELATED COMPANIES: \_\_\_\_\_  
HOW LONG IN BUSINESS: \_\_\_\_\_  
HOW LONG AT PRESENT LOCATION:  OWN  RENT  
GST# \_\_\_\_\_ PST# \_\_\_\_\_

## CONTACT INFORMATION

A/P CONTACT NAME: \_\_\_\_\_ A/P CONTACT NAME: \_\_\_\_\_  
PHONE#: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
EMAIL (IF DIFFERENT FROM A/P) \_\_\_\_\_ EMAIL (IF DIFFERENT FROM A/P) \_\_\_\_\_  
PRINCIPE(S) / OFFICER(S): \_\_\_\_\_ PRINCIPE(S) / OFFICER(S): \_\_\_\_\_  
NAME (FIRST & LAST) \_\_\_\_\_ NAME (FIRST & LAST) \_\_\_\_\_  
TITLE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## BUSINESS BANKING INFORMATION

NAME OF BANK: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_ TRANSIT#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/PROV: \_\_\_\_\_ POSTAL: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PHONE#: \_\_\_\_\_

## PRINCIPALS

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

## BUSINESS/TRADE REFERENCES

COMPANY NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
  
COMPANY NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
  
COMPANY NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PAYMENT TERMS NET 30 DAYS FROM INVOICE

I/WE CERTIFY THE ABOVE INFORMATION TO BE CORRECT. FURTHER, I/WE AUTHORIZE SANDI BUILDER SUPPLY LTD. TO OBTAIN CREDIT REPORT OR OTHER INFORMATION AS DEEMED NECESSARY ON THE APPLICANT OR ITS PRINCIPALS IN CONNECTIONS WITH THE MAINTENANCE AN COLLECTION OF THIS CREDIT ACCOUNT OR FOR ANY OTHER BUSINESS REASON.

I/WE FURTHER AGREE TO PAY A SERVICE CHARGE, CURRENTLY AT 18% PER ANNUM, ON ANY OVERDUE BALANCE UNTIL PAID.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
NAME (PLEASE PRINT) \_\_\_\_\_ DATE: \_\_\_\_\_