

This is a "fillable" PDF form. Please use your computer to fill this out and **PRINT IT BEFORE CLOSING THE PDF**. Many people are still using older versions of Acrobat Reader which do not allow you to save.

Date: _____

Legal Individual or Corporate Name: _____

Trade Name: _____

Address: _____

City/Province: _____ Postal Code: _____

If branch or division, provide head office address: _____

Phone: _____ Fax: _____ Cell: _____

E-mail 1 – Owner / President / GM: _____

E-mail 2 – Purchasing / Marketing Department: _____

E-mail 3 – Accounts Payable: _____

Amount of credit requested (Based on two month's purchases) \$ _____

*NOTE: Business line of credit
required for credit over \$50,000*

How long in business: _____ Under present ownership since: _____

Bank: _____ Branch _____ Account #: _____

Do you have a business line of credit? Yes No Name of Bank: _____

If so, what is your limit? _____ Credit line balance used _____

Complete the following (Mandatory) ownership / principal information:

Owner 1

First Name: _____ Last Name: _____ Phone: _____

Home Address: _____ City/Prov: _____ Postal Code: _____

Do you own or rent? Own Rent Landlord's Name _____

Birth date: _____ S.I.N: _____ Driver's Licence #: _____

Have you declared bankruptcy previously or filed for proposal? No Yes If yes, when? _____

Previous or current employer _____ Phone: _____

Owner 2

First Name: _____ Last Name: _____ Phone: _____

Home Address: _____ City/Prov: _____ Postal Code: _____

Do you own or rent? Own Rent Landlord's Name _____

Birth date: _____ S.I.N: _____ Driver's Licence #: _____

Have you declared bankruptcy previously or filed for proposal? No Yes If yes, when? _____

Previous or current employer _____ Phone: _____

3 Business & 1 Personal

Credit References:

Name: _____	Phone: _____
Address: _____	Company: _____
Name: _____	Phone: _____
Address: _____	Company: _____
Name: _____	Phone: _____
Address: _____	Company: _____
Name: _____	Phone: _____
Address: _____	Company: _____

Persons authorized to purchase:

Purchase order required?

 YES

 NO

1. _____	2. _____
3. _____	4. _____

Terms of credit:

1. All invoices are payable with a 1% discount (credit card payments exempt) on the 15th of the month following or net 30th of the month following the date of invoice unless otherwise stated.
2. In the event of a disputed invoice, the customer must notify Consolidated Gypsum Supply Ltd. within (15) days of the invoice date by specifying the invoice number, the nature of the dispute, and the amount under dispute.
3. Monthly service charge will be charged on all accounts in arrears at the rate set by Consolidated Gypsum Supply Ltd. from which at present is 19.5% per annum (1.5% per month compounded on a monthly basis).
4. Customer accounts which remain unpaid for 15 days past the due date or accounts which exceeds the credit established, will be placed on C.O.D. until the balance is paid in full or special arrangements have been made with the Credit Manager.
5. Any changes regarding business structure, ownership or incorporation must be made to Consolidated Gypsum Supply Ltd. in writing, until such time as the new account is approved for credit, the applicant accepts responsibility for all purchases on the account.
6. Any notice of change regarding purchasing personnel and/or purchasing authority must be made to Consolidated Gypsum Supply Ltd. in writing.
7. The customer will assume full responsibility for any costs incurred including solicitor/client fees on a full indemnity basis for the collection of the account by Consolidated Gypsum Supply Ltd.
8. Facsimile copy (faxed, scanned or e-mailed copies) of this Credit Application shall have the same force and effect as the original copy.
9. **You may be requested to submit a copy of your most recent financial statement or income tax returns.**

The undersigned, acknowledge that each of them is jointly, and severally liable as customers for the purchase of all goods on account, and are subject to the terms of credit outlined above. I/we expressly consent to and authorise Consolidated Gypsum Supply Ltd. or any agent thereof, to collect, use and disclose my/our corporate and personal information, from and to any other third party, including but not limited to, individuals or organizations, that is reasonable at any time to establish credit, collect on the account and to engage in company promotions. I/we declare information given on this application is true and accurate in every respect.

Joint and Several Liability

Company: _____

Name and position: _____

Signature: _____

Date: _____

Company: _____

Name and position: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

Repeated information from page 1 will be AUTO-FILLED if you are completing this form using your computer.

Date: _____ Contact Person: _____
Company Name: _____ Address: _____
City/Province: _____ Postal Code: _____ Phone: _____
Fax: _____ Accounts Payable Email: _____

Part A (Mandatory) Type of Business - Select ALL that apply to you.

- | | | |
|--|---|---|
| <input type="checkbox"/> MN O.E.M. | <input type="checkbox"/> BS BUILDING SUPPLY DEALER | <input type="checkbox"/> CM COMPETITOR |
| <input type="checkbox"/> RB ROAD BUILDER | <input type="checkbox"/> WH WHOLESALER | <input type="checkbox"/> RR RESIDENTIAL ROOFER |
| <input type="checkbox"/> SC STUCCO CONTRACTOR | <input type="checkbox"/> HB HOME BUILDER | <input type="checkbox"/> RN RENOVATOR |
| <input type="checkbox"/> WP WATER PROOFING | <input type="checkbox"/> GC GENERAL CONTRACTOR | <input type="checkbox"/> DC DRYWALL CONTRACTOR |
| <input type="checkbox"/> FC FRAMING CONTRACTOR | <input type="checkbox"/> CC CEILINGS CONTRACTOR | <input type="checkbox"/> TC D/W TEXTURE CONTRACTOR |
| <input type="checkbox"/> DB D/W BOARDING CONTRACTOR | <input type="checkbox"/> DF D/W FINISHING CONTRACTOR | <input type="checkbox"/> IN INSULATOR |
| <input type="checkbox"/> RS RESTORATION CONTRACTOR | <input type="checkbox"/> OT OTHER _____ | |

Part B (Optional) Consent for Marketing

We would like to keep you updated with relevant monthly specials, promotions, and special events. Please provide your consent to receive marketing e-mail messages from us. You can unsubscribe at anytime.

Marketing Email: _____ **YES, I OPT-IN**

THIS SECTION IS FOR CGSL INTERNAL USE ONLY

Branch: _____ Sales Rep: _____ Customer Price Profile Code _____

Authorized By: _____ Date: _____
(SALES MANAGER, ASST. SALES MANAGER or BRANCH MANAGER)

- | | | |
|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> BUILDING SUPPLY DEALER | <input type="checkbox"/> BUILDER | <input type="checkbox"/> DRYWALL |
| <input type="checkbox"/> STUCCO | <input type="checkbox"/> MODULAR | <input type="checkbox"/> ROOFING |

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