



# SOPER'S SUPPLY LTD.

10519 -114 Street, Edmonton, AB T5H 3J6, Ph (780) 423-4066 Fax (780) 425-8579  
1224 – 26 Avenue SE, Calgary, AB T2G 5S2, Ph (403) 243-4130 Fax (403) 243-0552  
#9, 8285-132 Street, Surrey, BC V3W 4N6, Ph (604) 590-1667 Fax (604) 590-5501  
1499 St. James Street, Winnipeg, MB R3H 0W9, Ph (204) 775-8848 Fax (204) 779-4391

Please complete and fax to (780) 421-9200

Company Name (in full): \_\_\_\_\_

Bill To Mailing Address: \_\_\_\_\_  
(include: City, Province and Postal Code)

Ship To or Physical Address: \_\_\_\_\_  
(if different from above):

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

GST#: \_\_\_\_\_ PST#: \_\_\_\_\_ WEB site: \_\_\_\_\_

Type of Ownership: Proprietorship  Partnership  or Corporation

Company Principal Name(s) Title Phone OR Cell Number

1. \_\_\_\_\_

2. \_\_\_\_\_

A/P Contact(Name, Ph, Location & Email): \_\_\_\_\_

Preference of Invoices: FAXED to \_\_\_\_\_ or EMAILED \_\_\_\_\_

Years in Business: \_\_\_\_\_ Amount of Credit Requesting: \$ \_\_\_\_\_ PO Number Required? \_\_\_\_\_

Bank Used:

\_\_\_\_\_  
(Name, address, contact & phone no.)

### Credit References

	<u>Supplier</u>	<u>Address</u>	<u>Phone No.</u>	<u>Fax No.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

OUR TERMS ARE NET 30 DAYS. Accounts exceeding credit limit or terms will be temporarily suspended or placed permanently on COD. Errors, shortages or claims should be reported to our office immediately. Please pay by invoice. All major credit cards are accepted. I/We authorize SSL to obtain any information required concerning the statements and application heron. I/We hereby affirm that the information given for the purpose of obtaining credit is true and correct. Should credit be granted, the undersigned hereby guarantees and indemnifies payment of all present and future debts, owed to Soper's Supply Ltd.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### For Soper's Staff Use Only:

Date: \_\_\_\_\_ Salesperson Initial: \_\_\_\_\_ Level: \_\_\_\_\_ WA  
Corporate ID# \_\_\_\_\_ Customer ID#: \_\_\_\_\_ Ship To ID#: \_\_\_\_\_