



Select Delivery Systems Inc. ****

Bay 1, 3815 – 61 Avenue SE
Calgary, AB, T2C 1V5

Print this credit application and
fax to: 403-225-6090

Any questions please
phone: 403-225-6080

CREDIT APPLICATION

Business Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____

BILLING ADDRESS IF DIFFERENT THAN ABOVE

Business Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____

COMPANY OFFICER or ACCOUNTS PAYABLE CONTACT

Name: _____ Telephone Number: (____) _____

Title: _____ Fax Number: (____) _____

TERMS OF CREDIT: All accounts are due when rendered. Interest @ 2% monthly will be charged on all invoices which are more than 30 days in arrears. Payments are to be made to Head Office.

Name (Applicant): _____ Telephone Number: (____) _____

Signature: _____ Date: _____