

CREDIT APPLICATION**BUSINESS INFORMATION**

Company name:

Phone: Fax: E-mail:

Registered Company address:

City: Province: Postal Code:

Date business commenced: Principal Owner:

Sole proprietorship: Partnership: Corporation: Other:

ACCOUNTS PAYABLE INFORMATION & INVOICING REQUIREMENTS

Primary business address:

City: Province: Postal Code:

Accounting Contact Name:

Telephone: Fax: E-mail:

HST/GST EXEMPT (YES OR NO):

PLEASE NOTE ANY DOCUMENTATION REQUIRED TO PROCESS INVOICING:

BANK REFERENCE

Bank name:

Bank address: Phone:

City: Province: Postal Code:

Type of account: Account number:

CREDIT CARD PAYMENT AUTHORIZATION

1st LOAD TENDER OR 1st MONTH STOARGE INBOUND ARE PAYABLE BY CREDIT (OR DEBT) UNTIL TERMS ARE ESTABLISHED

CREDIT CARD TERMS ARE APPLICABLE FOR ACCOUNTS LESS THAN \$1500 MONTHLY BILLING FOR 1ST YEAR ACCOUNTS

VISA OR MASTER CARD #:

CVV#

EXIPRY DATE:

NAME ON CARD:

COMPANY BUSINESS NAME:

ADDRESS:

CITY:

PROVINCE/STATE:

POSTAL/ZIP CODE:

CREDIT CARD CONTACT NUMBER:

EMAIL:

AUTHORIZATION SIGNATURE OF CREDIT CARD HOLDER:**DATE OF AUTHORIZATION:****BUSINESS/TRADE REFERENCES****Company Name:**

Address:

City: Province: Postal Code:

Phone: Fax: E-mail:

Contact name:

Company name:

Address:

City: Province: Postal Code:

Phone: Fax: E-mail:

Contact name:

Company name:

Address:

City: Province: Postal Code:

Phone: Fax: E-mail:

Contact name:

SIGNATURES

NAME:

TITLE:

DATE: