



All information supplied will be used for credit purposes only and will remain confidential.

Date _____

Company Information

Company Name _____

Mailing Address _____

Phone (_____) _____ Fax (_____) _____

Nature of Business _____ Length of Time in Business _____

Business Organization Type: Corporation Partnership Proprietorship

Name(s) of Proprietor or Officers: 1. _____ Title _____

2. _____ Title _____

3. _____ Title _____

Applicant's Name _____ Applicant's Email _____

I am the Accounts Payable Officer: Yes No

Bank _____ Branch _____

Purchase Order Number Required? Yes No

Credit Card Type: VISA® MasterCard® Card Expiry Date _____ / _____

Credit Card Number _____ Name on Card _____

Please note: Overdue invoices will be subject to a 1.5% interest charge per month. Credit card payments must be made at point of sale.

References

1. Company Name _____ Address _____

Phone _____ Fax _____ Length of Business Relationship _____

2. Company Name _____ Address _____

Phone _____ Fax _____ Length of Business Relationship _____

3. Company Name _____ Address _____

Phone _____ Fax _____ Length of Business Relationship _____

I/We make application for open terms and certify that the information given for the purpose of opening this account is true. I/We authorize verification of the above facts. I/We accept the Vendor's privilege to charge interest on all overdue accounts.

Signature of Applicant _____

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THE SPACE

Date Received _____ Approved By _____

Account Number _____ Salesperson _____

PLEASE COMPLETE AND FAX BACK TO: 604.437.7468