



**APPLICATION FOR ACCOUNT**

Name of Company or Individual: \_\_\_\_\_

Incorporated: \_\_\_\_\_ Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Length of time in Business: \_\_\_\_\_

Bank: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Account Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Officers of the Company: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Amount of Credit Required: \_\_\_\_\_

A/P Phone Number: \_\_\_\_\_ A/P Email: \_\_\_\_\_

PLEASE IDENTIFY ANY SPECIFIC BILLING REQUIREMENTS FOR YOUR COMPANY: \_\_\_\_\_

**CREDIT REFERENCES**

1. Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No: \_\_\_\_\_
2. Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No: \_\_\_\_\_
3. Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No: \_\_\_\_\_

TERMS AND CONDITIONS

1. All invoices are to be paid net 30 days following service date.
2. There are to be no deductions, holdbacks or offset, from the amount invoiced.
3. A service charge of 1.5% per month (18% per annum) may be charged on all past due accounts.

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE TERMS AND CONDITIONS. I ALSO HEREBY AUTHORIZE YOU TO PURSUE A CREDIT INVESTIGATION PERTAINING TO MYSELF AND/OR COMPANY CREDIT AND FINANCIAL RESPONSIBILITY.

Date of Application

Applicant's Signature and Title

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OFFICE USE ONLY

Customer Service Rep: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Start Date: \_\_\_\_\_