



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

OFFICE USE ONLY

Customer Service Rep: _____ Credit Limit: _____ Start Date: _____