

Legal Company Name: _____
Trade Name: _____
Billing Address: _____
City & Province _____ Postal Code: _____
Contact name and phone number for Accounts Payable: _____
Contact E-Mail for Accounts Payable: _____
PST# (If exempt): _____
Type of Business: Corporation Proprietorship Partnership Other
Description of Business: _____
Number of Years In Business: _____ Total Credit Requested (\$): _____
Have you had an account with us previously? Yes No
Name of previous account: _____

CUSTOMER REQUIREMENTS

Do you require a purchase order to be noted on your invoice? Yes No
Do you require a job number to be noted on your invoice? Yes No
Authorized Purchaser(s): _____

TRADE REFERENCES

NAME	ADDRESS	PHONE	FAX NUMBER
1. _____	_____	_____	_____
2: _____	_____	_____	_____
3. _____	_____	_____	_____

BANK REFERENCE		
BRANCH	PHONE	CONTACT
1. _____	_____	_____

PAYMENT TERMS NET 30 DAYS FROM DATE OF INVOICE

I/We hereby request to establish credit privileges with Island Blue Print Co. Ltd. and agree to pay for all purchases in accordance with the above terms of sale. I/We further agree to pay a service charge on any account past due calculated at 2% per month (24%per annum).

I/We certify that the above information to be correct. Further, I/We authorize Island Blue Print Co. Ltd. To obtain reports or other information as deemed necessary on the applicant or its principles in connection with the maintenance and collection of this credit account or for any other business

Authorized Signature: _____ Date: _____

Please Print Name: _____

PLEASE RETURN BY E-MAIL TO YASMIN.VICKERY@ISLANDBLUE.COM OR FAX 250-385-1377