

APPLICATION FOR CREDIT

Date _____

Company/Organization Name _____ Trade Name _____

Address _____

City _____ Postal Code _____

Phone _____ Website _____ Email _____

President or Principal Officer Name _____ Email _____

Name of Parent Company, if applicable _____

Accounts Payable Contact Name _____ Email _____

Accounting Manager Contact Name _____ Email _____

PST# (if exempt) _____

Nature of Your Organizations Activities _____

Numbers of Years in Business _____ Total Credit Requested (\$) _____

References

Company Name _____ Contact _____ Email _____

Company Name _____ Contact _____ Email _____

Your Bank _____ Bank Contact _____ Email _____

CONSENT

I/We hereby authorize Rolex Plastics & Printing Ltd. / Island Blue Print to obtain such credit reports or other information as may be deemed necessary which pertain to the establishment and maintenance of a credit account or for any other direct business requirement. This consent is given pursuant to Section 12 of The Credit Reporting Act. R.S.B.C. 1979 Chapter 78.

TERMS

I/We agree and acknowledge that if credit is granted to me/us, credit accounts are due and payable within 30 days from invoice date, unless otherwise arranged, and to pay interest on any amount unpaid by the aforesaid date at the rate of two (2%) per cent per month (24% per annum) until paid. Either party may terminate this Agreement forthwith upon notice, whereupon all balances, including interest, shall become immediately due and payable.

Signed: _____ Print Name: _____ Title: _____

PLEASE RETURN BY EMAIL TO INFO@FOTOPRINT.CA

PLEASE CHECK APPROPRIATE BOXES

- Do you use purchase orders? Yes No
- Do you want us to deliver your printing? Yes No
Shipping and handling are charged separately.
- Which products most interest you?

Notes/Requests

