



# CREDIT APPLICATION

7550 Lowland Drive, Burnaby, BC V5J 5A4  
Tel: 604-439-9668 | Fax: 604-439-9666

### BUSINESS INFORMATION:

(LEGAL) COMPANY NAME: \_\_\_\_\_

Is this Company Incorporated? (Checkmark):             Yes                             No

REGISTERED DBA NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LINE OF BUSINESS: \_\_\_\_\_

HOW MANY YEARS IN BUSINESS: \_\_\_\_\_

ORGANIZATION TYPE (checkmark):  Sole Proprietor,  Corporation,  Partnership,  LLC

### COMPANY PRINCIPALS/OFFICERS:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

OWNERSHIP %: \_\_\_\_\_

### ACCOUNTS PAYABLE CONTACT:

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TAX EXEMPT NO: \_\_\_\_\_

### TRADE REFERENCES: **\*\*\*FOUR REFERENCES REQUIRED\*\*\***

1) COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
*(essential)*

2) COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
*(essential)*



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### TRADE REFERENCES (Continued)

3) COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
(essential)

4) COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
(essential)

### BANK REFERENCE:

BANK NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

### DISCLOSURE OF INFORMATION AND GUARANTEE:

I/we have had unsatisfied judgments against me/us in the past 7 years and or been declared bankrupt in the past 10 years? **(yes/no)**

I/we are making an application for credit 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 understand that invoices are payable within 30 days of the billing date and further agree that if there should be any invoices that remain past the due date, it could bear interest at the rate of 2% per month until paid. In the event that any suit or action is instituted to collect money due on our account, whether principal or interest, or both, I/we agree to pay, in addition to the amount owed, all costs of collection or legal fees should applicant not make payment pursuant to Mail-O-Matic Services terms.

I hereby certify that I have read and understand this application and that all of the statements and information contained herein is true, correct, complete, and made in good faith.

**\*\*\*Must be signed by an officer of corporation or owner for application to be processed\*\*\***

SIGNATURE: \_\_\_\_\_  
*\*\*if submitting via email, typing your name will constitute your signature\*\**

DATE: \_\_\_\_\_