



Please print, fill out and fax back to us at 604-940-6742

### APPLICATION FOR CREDIT

COMPANY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

TYPE OF FIRM: PROPRIETORSHIP  PARTNERSHIP  CORPORATION  NON PROFIT ORG

INCORPORATION DATE \_\_\_\_\_ HOURS OF OPERATION \_\_\_\_\_

WOULD YOU LIKE ONLINE ORDER ACCESS? YES  NO

WOULD YOU LIKE YOUR INVOICE SENT TO YOU BY EMAIL? YES  NO

ACCOUNTS PAYABLE CONTACT AND PHONE # \_\_\_\_\_

OFFICERS OF COMPANY: PRESIDENT \_\_\_\_\_ SECRETARY \_\_\_\_\_

BANK NAME \_\_\_\_\_ BRANCH ADDRESS \_\_\_\_\_

**Trade References (Firms presently extending credit to you in line with your requirements)-preferably local references**

COMPANY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

HOW OFTEN DO YOU PLAN TO USE OUR SERVICES? \_\_\_\_\_ MONTH. CREDIT LIMIT REQUIRED? \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**PLEASE NOTE: The applicant is fully aware and understands that:**

1. variable billing charges are due and payable upon receipt and are past due thirty (30) days thereafter and;
2. past due accounts are subject to cancellation of credit without notice and subsequent 3<sup>rd</sup> party collection and;
3. all charges must be paid in full before any service disputes can be settled, and;
4. a service charge of up to 2% may be charged on past due accounts.

**CONSENT**

I HEREBY AUTHORIZE ZIP COURIER TO OBTAIN SUCH CREDIT REPORTS OR OTHER INFORMATION AS MAY BE DEEMED NECESSARY IN THE CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF A CREDIT ACCOUNT OR FOR ANY OTHER DIRECT BUSINESS REQUIREMENT.

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_