

ACCOUNT APPLICATION FOR A BUSINESS ACCOUNT

Commercial Cleaning Solutions

SECTION 1	BUSINESS INFO	ORMATION		
LEGAL BUSINESS NAME:		TRADE NAME:		
BILLING ADDRESS:		-		
CITY:	PROV:		POSTAL CODE:	
SHIP TO ADDRESS:				
CITY:	PROV:		POSTAL CODE:	
SHIPPING/DELIVERY INSTRUCTIONS:			RECEIVING HOURS:	
DATE BUSINESS COMMENCED:			PST# IF EXEMPT:	
SOLE PROPRIETORSHIP:	PARTNERSHIP:		CORPORATION:	
SECTION 2	BUSINESS CONTAC	CT & PAYMENT INFO	RMATION	
OFFICE CONTACT:		OFFICE CONTACT PHONE:		
		Email:		
SALES CONTACT:		SALES CONTACT PHONE:	SALES CONTACT PHONE:	
		Email:	Email:	
ACCOUNTS PAYABLE CONTACT:		ACCOUNTS PAYABLE PHONE:		
		Email:		
WOULD YOU LIKE TO RECEIVE YOUR STAT	TEMENTS	WOULD YOU LIKE TO	WOULD YOU LIKE TO BE SET UP FOR ONLINE ORDERING?	
AND INVOICES ELECTRONICALLY?		YES- EMAIL:	YES- EMAIL:	
YES- EMAIL TO:		ADDITIONAL USERS:	ADDITIONAL USERS:	
ALSO SEND COPY TO :		EMAIL:	EMAIL:	
IF APPLYING	FOR 30 DAY CREDIT	TERMS SKIP TO PAG	GE 2 -SECTION 4	
SECTION 3 IF PAY	YING VIA CREDIT CAR	PD COMPLETE SECTION	ON PELOW	
COMPLETE ADJACENT BOXES IF YOU WILL BE PAYIN	JN BELOVV			
WILL AUTHORIZE A&G SUPPLY TO KEEP THIS INFORMATION ON FILE FOR FUTURE CREDIT CARD PAYMENT.		CREDIT CARD #		
**Credit Card not required if applying for 30 day terms on Pg 2		EXPIRY DATE:	cvs:	
*PAYMENT TERMS FOR CREDIT CARD :		*CREDIT CARD HOLDER NAME:		
PAY PER INVOICE PAY MONTHLY	Y STATEMENT			
		*ADDRESS CREDIT CARD STATEMENTS ARE DELIVERED TO:		
**If applying for 30 day credit terms complete section 4 on Pg 2				

SECTION 4

FOR INTERNAL USE ONLY:

NEW CUSTOMER ACCOUNT #

COMPLETE THIS SECTION ONLY IF APPLYING FOR 30 DAY CREDIT TERMS

TRADE REFERENCES					
COMPANY NAME:		CONTACT NAME:			
		<u>I</u>			
ADDRESS:					
PHONE:	FAX:		EMAIL:		
COMPANY NAME:	CONTACT NAME:				
ADDRESS:					
PHONE:	FAX:		EMAIL:		
(We), the undersigned, agree that all purchases will be paid according to the stated terms on the invoice, and further agree to pay a service charge of 1.5% per month (18% per annum) on all past due amounts. I also give my consent to A&G Supply to obtain such credit reports or other information as they deem necessary for granting and monitoring credit risk as it pertains to this application. Claims arising from invoices must be made within seven working days. If paying by credit card, by signing this credit application, my signature serves as authorization to charge my credit card for current and future purchases as they take place from time to time. GENERAL COMMENTS:					
SECTION 5 CONTRACT SIGNATURES					
SIGNATURE:		SIGNATURE:			
PRINT NAME:	PRINT NAME:				
TITLE:	TITLE:				
DATE:	DATE:				
THANK YOU FOR COMPLETING THE ACCOUNT APPLICATION FORM Please email completed form to donalyn@agsupply.bc.ca A&G SUPPLY LTD. 827 Fairweather Place, Vernon, BC V1T 9B5 PH: 250-545-0505 FX: 250-545-1015 TOLL FREE: 1-800-545-0547 WEB: www.agsupply.bc.ca EMAIL: in-					

SALES REPRESENTATIVE:

CREDIT DEPT APPROVAL DATE: