

ACCOUNT APPLICATION FOR A BUSINESS ACCOUNT

Commercial Cleaning Solutions

APPLICANT PORTION: Please complete this form in full and return to A&G Supply Ltd. Type or print in BLOCK letters.			
SECTION 1 BUSINESS INFORMATION			
LEGAL BUSINESS NAME: TRADE NAME:			
BILLING ADDRESS:			
СІТҮ:	PROV:		POSTAL CODE:
SHIP TO ADDRESS:			
CITY:	PROV:		POSTAL CODE:
SHIPPING/DELIVERY INSTRUCTIONS:			RECEIVING HOURS: TO
DATE BUSINESS COMMENCED:		PST# IF EXEMPT:	
SOLE PROPRIETORSHIP:	PARTNERSHIP:		CORPORATION:

SECTION 2 BUSINESS CONTACT & PAYMENT INFORMATION		
OFFICE CONTACT:	OFFICE CONTACT PHONE:	
	Email:	
SALES CONTACT:	SALES CONTACT PHONE:	
	Email:	
ACCOUNTS PAYABLE CONTACT:	ACCOUNTS PAYABLE PHONE:	
	Email:	
WOULD YOU LIKE TO RECEIVE YOUR STATEMENTS	WOULD YOU LIKE TO BE SET UP FOR ONLINE ORDERING?	
AND INVOICES ELECTRONICALLY?	YES- EMAIL:	
YES- EMAIL TO :	ADDITIONAL USERS:	
ALSO SEND COPY TO :	EMAIL:	
IF APPLYING FOR 30 DAY CREDIT TERMS SKIP TO PAGE 2 -SECTION 4		

SECTION 3

IF PAYING VIA CREDIT CARD COMPLETE SECTION BELOW

COMPLETE ADJACENT BOXES IF YOU WILL BE PAYING BY CREDIT CARD. THIS 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 STATEMENT	
	*ADDRESS CREDIT CARD STATEMENTS ARE DELIVERED TO:
**If applying for 30 day credit terms complete section 4 on Pg 2	

SECTION 4	SE	СТ	10	Ν	4
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COMPLETE THIS SECTION ONLY IF APPLYING FOR 30 DAY CREDIT TERMS

TRADE REFERENCES			
COMPANY NAME:		CONTACT NAME:	
ADDRESS:			
PHONE:	FAX:		EMAIL:
COMPANY NAME:		CONTACT NAME:	

ADDRESS:		
PHONE:	FAX:	EMAIL:

TERMS:

(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

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: info@agsupply.bc.ca

FOR INTERNAL USE ONLY:		
NEW CUSTOMER ACCOUNT #	SALES REPRESENTATIVE:	CREDIT DEPT APPROVAL DATE: