

sales@southwestbusiness.ca www.southwestbusiness.ca

CREDIT APPLICATION

PLEASE NOTE, PRODUCT WILL NOT BE SHIPPED UNTIL CREDIT APPLICATION IS APPROVED

CO. NAME :		DATE :
ADDRE	SS:	PHONE NUMBER :
		FAX NUMBER :
		GST / HST :
CITY:		PST:
PROV: POSTAL CODE:		CONTACT :
TYPE OF BUSINESS :		DATE BUS. ESTABLISHED :
AFFILIA	ATED COMPANIES :	
PRESI	DENT :	A / P CONTACT :
BANK:		BANK CONTACT :
ADDRESS:		ACCT. NO :
CITY:		PHONE: FAX:
	WE MUST GET 3 TR	ADE REFERENCES TO OPEN AN ACCOUNT
1. RE	FERENCE :	PHONE :
	NTACT :	FAX:
2. RE	FERENCE :	PHONE :
	NTACT :	FAX:
3. RE	FERENCE :	PHONE :
	NTACT:	FAX:
	OUR	TERMS, PLEASE READ CAREFULLY
	OR MORE THAN 60 DAYS, NO FURT CREDIT PRIVILEGES 2% PER MONTH INTEREST WII I HEREBY MAKE APPLICA	BLE 30 DAYS AFTER DATE OF INVOICE. IF AN ACCOUNT REMAINS OVERDUE HER CREDIT WILL BE GRANTED BEFORE THE ACCOUNT IS UP TO DATE. WILL BE CANCELLED IF ACCOUNT GOES OVER 90 DAYS. L BE CHARGED ON ANY OUTSTANDING BALANCE OVER 30 DAYS. TION FOR OPEN ACCOUNT PRIVILEGES ON BEHALF OF THE IY ON THIS DAY AND AGREE TO THE ABOVE TERMS.
SIGNATURE :		TITLE :
	CR	EDIT CARD PAYMENTS
transact		est Business Products Ltd. transactions with me (us). I (we) understand that all er and an invoice marked paid will be mailed to me (us) from Southwest.
Name :		Title :
Credit Card Type :		Credit Card Number :
Credit Card Expiration Date :		Name on Credit Card :
		olied with the verification code, which can be found as follows. VISA / MASTER CARE nature area. AMEX found on front of card, 4 digit number to the right of account number
VERIFICATION CODE#:		CARDHOLER SIGNATURE: