



For Office Use Only

Account Classification:

Trade

Sales Representative: _____

Salesman Comments: _____

Credit Approved By: _____

Credit Denied By: _____

Date Account Opened: _____

Reasons Denied: _____

Credit Amount Requested: \$ _____



Please note average monthly billings under \$400.00 do not qualify for credit terms

Company Name: _____

Name(s) of Principal Owners: _____

Company Address: _____

Contact: _____

Email: _____

City/Prov/Code: _____

Franchise ___ Graphic Printer ___ Partnership ___

Phone: () _____

Proprietorship ___ Printing Brokerage ___

Fax: () _____

Incorporated ___

Web Site Address: _____

How long in business _____

Bank: _____

Account Manager: _____

Address: _____

Telephone Number: _____

Trade References (please do not use paper suppliers, landlords, utilities, etc.)

1. **Name** _____ Phone: () _____
Address _____ Fax: () _____
2. **Name** _____ Phone: () _____
Address _____ Fax: () _____
3. **Name** _____ Phone: () _____
Address _____ Fax: () _____
4. **Name** _____ Phone: () _____
Address _____ Fax: () _____

Will Purchase Orders be required on your orders? Yes ___ No ___

Yes ___ No ___

Are your purchases P.S.T. exempt? (attach a valid PST exemption certificate)

Yes ___ No ___

All moneys are payable to Gateway Visual Communications Ltd.

INVOICES ARE DELIVERED WITH MERCHANDISE - WE DO NOT ISSUE STATEMENTS

Terms: Net 30 Days, 1.5% discount 10 Days - 2% interest on overdue accounts

All unpaid accounts at 60 days are subject to credit suspension without notice

I agree to the terms and conditions as listed above _____

Signature & Title

Gateway Visual Communications Ltd., reserves the right to terminate credit privileges at their discretion. Upon written notice to the debtor.