



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. <b>Name</b> _____ | Phone: ( ) _____ |
| Address _____        | Fax: ( ) _____   |
| 2. <b>Name</b> _____ | Phone: ( ) _____ |
| Address _____        | Fax: ( ) _____   |
| 3. <b>Name</b> _____ | Phone: ( ) _____ |
| Address _____        | Fax: ( ) _____   |
| 4. <b>Name</b> _____ | Phone: ( ) _____ |
| Address _____        | Fax: ( ) _____   |

Will Purchase Orders be required on your orders?  Yes  No

Invoice Delivery:  mailed  TBA  email \_\_\_\_\_

All moneys are payable to Gateway Visual Communications Ltd.

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