

Accountamatic® Business Forms

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Owned & Operated by "One-Write" Accounting Systems Ltd.
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CREDIT APPLICATION			
COMPANY NAME		P.S.T. #	
ADDRESS		CITY	PROVINCE
PHONE ()		FAX ()	E-MAIL
<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> FORMS DISTRIBUTOR	<input type="checkbox"/> OFFICE SUPPLY	
<input type="checkbox"/> INCORPORATED COMPANY	<input type="checkbox"/> FORMS MANUFACTURER	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COMMERCIAL PRINTERS		

INFORMATION ON OFFICERS, PARTNERS OR OWNER			
NAME	ADDRESS	CITY - CODE	TITLE

CONTACT FOR	NAME	TITLE	PHONE
SALES AND PROMOTION			
FINANCIAL			

BANK REFERENCE		
BANK	BRANCH ADDRESS	PHONE

CREDIT REFERENCES		
NAME	ADDRESS	PHONE
1		
2		
3		

OTHER INFORMATION OR REMARKS

TERMS: ACCOUNTS ARE DUE & PAYABLE ON THE 10th OF THE MONTH FOLLOWING INVOICE DATE.
 2% PER MONTH WILL BE CHARGED ON OVERDUE ACCOUNTS - MINIMUM CHARGE \$2.00.
 CLAIMS MUST BE MADE WITHIN 10 DAYS OF INVOICE DATE. NO GOODS MAY BE RETURNED WITHOUT OUR CONSENT.
 THERE WILL BE A 20% RESTOCKING CHARGE ON RETURNED GOODS.

I UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS

 SIGNATURE TITLE DATE