



100-1281 West Georgia Street
Vancouver, B C. V6E 3J7
t. 604.669.2383 f. 604.669.6453
info@initialprint.com

CREDIT APPLICATION

Firm Name: _____ Phone _____

Shipping Address: _____

Billing Address: _____

Years at this location: _____ Type of Business: _____ # of Employees: _____

Date Business Established: _____ Amount of Credit Desired _____

Account volumes less than \$250.00 per month will be paid with order.(credit card, money order or cheque)

Previous Business Name(s) _____

Check One: () Individual Ownership () Partnership () Corporation

Tax Status: _____ PST # _____, please enclose copy of certificate.

Principal Owners or Officers (Provide name, address, title)

REFERENCES: PLEASE PROVIDE A LISTING OF FOUR CURRENT REFERENCES

Bank Reference: _____

Address: _____

Contact: _____ Title: _____

Account No.: _____ Bank Phone No.: _____

I agree to keep within your terms if granted an account. Should this account ever become delinquent and necessitate litigation to collect or commence suit to enforce payment, I agree to pay a reasonable additional sum for legal fees, cost of such suit, principal, and interest payable in Canadian funds.

*Authorized Officer's Signature: _____ Date: _____

*Must be signed by a corporate officer or owner

Printed Name: _____ Title: _____



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A SIGNATURE IS REQUIRED IN ORDER TO ESTABLISH CREDIT

Customer verifies that the above information is true and correct and hereby grants permission for any person to furnish to Initial Printing Inc. (hereafter "Creditor"), any information which may periodically be requested. Customer also agrees to pay for any and all deliveries under and pursuant to its account, whether ordered by the customer or by any person representing himself/herself/itself to be an agent, employee or representative of the customer. Credit terms are at the absolute discretion of the Creditor who may terminate, alter or deny credit terms without notice and without cause. Sales terms are net 30 days. All past-due payment interest accounts accrue interest at 1 ½% per month on the declining unpaid balance. The accrual of does not authorize the customer to defer payment of any indebtedness beyond the credit terms stated herein. In the event of delinquency of this account, wherein action is taken to collect the balance, the prevailing party therein shall be entitled to recover reasonable legal fees in addition to any other amounts. Credit card purchases must be made at the time of purchase and be on file to secure credit. Creditor accounts must be in good standing to ensure consistent and timely delivery of orders.

Visa ___ MasterCard ___

Credit Card Number: _____ Expiry Date _____

I authorize payment of account balances over 60 (sixty) days with the above credit card including interest charges and processing fees.

Name _____

Signature of Card Holder _____

Firm name: _____

Signature: _____ Title: _____

Print Name: _____ Date: _____

In many instances, the bank requires a signature from an authorized person, in order for us to obtain any information concerning your account. To expedite your credit with us, please complete the following:

I, _____ do hereby authorize _____
Authorized Name Name of Bank

to release information concerning our account to Initial Printing Inc.

Signature: _____ Date: _____

Please Return Credit Application as soon as possible to:

**Initial Printing Inc. dba Initial Print & Copy Centre
100-1281 West Georgia Street
Vancouver, BC V6E 3J7
t. 604.669.2383 f. 604.669.6453
Attention: Accounts Receivable**



Please provide a listing of 3 current References

#1

Vendor Name _____ Contact _____

Address _____

Phone # _____ FAX# _____

#2

Vendor Name _____ Contact _____

Address _____

Phone # _____ FAX# _____

#3

Vendor Name _____ Contact _____

Address _____

Phone # _____ FAX# _____