



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	A/P Contact Name _____
Phone and Fax			A/P Email: _____
E-mail			Invoices send by email: _____
Registered company address City, Province, Postal Code			

BUSINESS AND CREDIT INFORMATION			
City, Province, Postal Code		Bank Name:	
How long at current address?		Primary business address City, Province, Postal Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	
Type of account		Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
1. By submitting this application, you authorize Abbeywrap Packaging Ltd. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES			
Signature		Signature	
Name and Title		Name and Title	
Date		Date	