

Contek Office Technologies Credit Application

BUSINESS CONTACT INFORMATION

You Name:			
Company name:			
Phone:	Fax:	E-mail:	
Company address:			
City:	Province:	Postal:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BANKING AND ACCOUNT PAYABLE CONTACT INFORMATION

Bank Name:			
Branch Address			
City	Province	Postal	
Telephone:	Fax:	E-mail:	
Bank Account Number:			
Bank Contact:		Phone:	
Account Payable name:		Email:	Phone:
Request payment term	Check payment below		
Standard net 30			
Net 7 with 2% discount			
Credit Card Payment			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	Province:	Postal:	
Phone:	Fax:	E-mail:	
Payment term:			
Company name:			
Address:			
City:	Province:	Postal:	
Phone:	Fax:	E-mail:	
Payment term:			
Company name:			
Address:			
City:	Province:	Postal:	
Phone:	Fax:	E-mail:	
Payment term:			

AGREEMENT

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

SIGNATURES

Title: Date:	Title: Date:
-----------------	-----------------