

## BUSINESS INFORMATION

Name of Business			Years in Business
Street Address			Suite
City	Province	Postal Code	
Phone No.	Fax No.	Email	
Billing Address <i>(if different from above)</i>			Suite
City	Province		
Accounts Payable Contact	Phone No.	Ext.	Email
Principal Contact	Phone No.	Ext.	Email

## BANK REFERENCES

Bank Name	Address		
Contact	Acct. No.	Phone No.	

## TRADE REFERENCES

Name of Business	Contact
Street Address	Suite
City	
Phone No.	Fax No.
Name of Business	Contact
Street Address	Suite
City	
Phone No.	Fax No.
Name of Business	Contact
Street Address	Suite
City	
Phone No.	Fax No.

## SIGNATURE AND TITLE

I certify that all information provided is complete and accurate, and I agree to be bound by the terms and conditions herein, I hereby authorize the bank references listed to accept copies of this application to release credit or financial information on my accounts.

Signature (Required)

Title (Required)

Date

Our terms of payment are **1% 10, Net 30** days from the date of the invoice.  
 A 2% charge will be applied for overdue accounts.

# ACCOUNT APPLICATION

Please fax application to:  
**604-456-0501**  
 or email to:  
**accounts@resrep.com**

