



Black Press

Box 3600, Abbotsford, BC V2S 4P4

Go Green

with electronic invoices Yes No

Application For Credit Account

BUSINESS INFORMATION

Registered LEGAL NAME of Business: _____

Type of Business: Incorporated Proprietorship Partnership Non-Profit

Operating As: _____

Business Address: _____ Postal Code _____

Mailing Address: (If Different) _____ Postal Code _____

I-Services e-mail Address: _____

Telephone Number: _____ Fax: _____

A.P. Contact Person: _____ Position: _____

Major Business Activity: _____ Years In Operation: _____

Purchase Orders Required? Yes No _____

PRINCIPAL OF BUSINESS

Name: _____

Residence: _____ City: _____

Phone: _____ Birth Date: _____

VISA/MC: _____

Cardholder Name: _____ Exp: _____

CREDIT REFERENCES

(Telephone and Utility companies will not provide reference information)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PRE-AUTHORIZED PAYMENT

The applicant authorizes Black Press Group Ltd. to debit the above credit card monthly for the total amount due.

(SIGNATURE OF APPLICANT)

BANK INFORMATION

Bank: _____ Branch: _____

The applicant agrees to pay account balances within thirty days of statement date or will accept interest charges at a rate of twenty-four percent per annum (two percent per month) on any balance past due. The applicant agrees that BLACK PRESS GROUP LTD., and its agents may pursue all avenues of collection, including use of collection agencies, and authorizes BLACK PRESS GROUP LTD. to prepare and submit credit charge slips using any charge cards listed above to recover all charges and all other unpaid amounts due to the applicants failure to pay their account balance. In addition, the applicant authorizes BLACK PRESS GROUP LTD. and its agents to obtain such credit reports or other information as is deemed necessary and to exchange information with other creditors solely for the purpose of establishing and maintaining a credit account. The applicant agrees that this application for credit contract is deemed to have been entered into and taken place in the City of Abbotsford, British Columbia. The invoice/statement shall be deemed correct unless advised in writing within 30 days of billing date.

Completed by:

Name of individual (PLEASE PRINT)

Signature

Position

Date

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PERSONAL GUARANTEE

In consideration of BLACK PRESS GROUP LTD. (hereinafter call "The Company") extending credit to _____ (Registered Legal Name)

(hereinafter called "The Customer"). I/We the undersigned do jointly and severally, hereby guarantee to the Company or its successors and assigns full and complete payment of all trade debts owing now or which shall at any time hereafter become due the Company or by the Customer. The Guarantor authorizes BLACK PRESS GROUP LTD. and its agents to obtain such credit reports or other information as is deemed necessary solely for the purpose of establishing and maintaining a credit account.

_____ Day of _____ 20____

Guarantor's Name : _____ Guarantor's Signature: _____
(Please Print)

Residence: _____

City: _____ PC _____

Birth Date: _____

For Office Use Only

Approved by: _____

Date: _____

Anticipated 60 days billing: \$ _____

PO's for billing? Yes No

Rep Number: _____

Comments: _____

Acct.# _____