

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### CORPORATE CONTACT INFORMATION

Date of Application		Date Business Commenced	
Company Name			
Contact Name & Position			
Phone Number			
E-mail Address			
Registered Company Address			
	<i>Suite</i>	<i>Street</i>	<i>City</i>
			<i>Province</i>
			<i>Postal Code</i>
Type of Organization	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
Maximum Credit Limit Authorized:	\$		

### BUSINESS & CREDIT INFORMATION

Institution Name		Account Number	
Primary Bank Address		Type of Account	<input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Other
Credit Card	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Name on Card	
Card Number			
Expiry Date		CSC/CV Code	

### BUSINESS & TRADE REFERENCES

Company Name		Phone	
Address		E-mail	
Type of Account		Fax	
Company Name		Phone	
Address		E-mail	
Type of Account		Fax	

### AGREEMENT

- Payment terms are net **30 days from Statement Date**. Past due accounts are subject to a **\$15 late fee, monthly**.
- A 2% surcharge will be applied to the total balance of the statement for payments processed on a credit card.
- I hereby authorize the registry company to use the credit card listed to pay off any debts that are left outstanding for more than **90 days from date of service provided** (for small businesses with no credit history, this term is shortened to 30 days).
- I certify that the information contained herein is complete and accurate, and has been furnished with the understanding that is to be used to determine the amount and conditions of the credit to be extended.

### SIGNATURE

Authorized Signature	
Name and Title	

\*\*\*All Business must have \$ 1000.00 or more per year in services to have an active account\*\*\*

## PAYMENT AUTHORIZATION FORM

DATE: \_\_\_\_\_

PERSONAL NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BUS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

RETURN METHOD: E-MAIL/ FAX / PICKUP (PLEASE CIRCLE)

CARD TYPE: VISA / MC (PLEASE CIRCLE)

CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_/\_\_\_\_  
MM / YY

IDENTIFICATION TYPE: \_\_\_\_\_

I AUTHORIZE THE REGISTRY PROVIDING SERVICES, WHICH MAY BE ANY OF FORT MCMURRAY & TIMBERLEA, ABBEY ROAD, WINDERMERE, STRATHCONA OR SUMMERSIDE REGISTRY LTD. TO USE THE CREDIT CARD LISTED ABOVE TO PAY FOR THE SERVICE(S) I HAVE REQUESTED.

I CERTIFY THAT I AM AUTHORIZED TO USE THIS CREDIT CARD.

SIGNATURE: \_\_\_\_\_

**NOTE:** PLEASE INCLUDE A PHOTOCOPY OF THE CREDIT CARD AS WELL AS A COPY OF A VALID GOVERNMENT ISSUED ID.

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