

COMMERCIAL CREDIT APPLICATION

COMPANY CONTACT INFORMATION			
Company Legal Name:			
Company Physical Address:			
City:	Province/State:	Postal Code/Zip:	Country:
Business Type: <input type="checkbox"/> Incorporated <input type="checkbox"/> Proprietorship* <input type="checkbox"/> Partnership			
Please provide name of principals:	1.	2.	
Business # (GST Registration#):			
PST Exempt Registration # (if applicable) :			
COMPANY BILLING INFORMATION			
Invoice/Billing Email:			
Accounts Payable Contact:			
Phone:		Email:	
Accounts Payable Alternate Contact:			
Phone:		Email:	
Invoice Billing Address:			
City:	Province/State:	Postal Code/Zip:	Country:
References *** Please provide BOTH email and Phone Numbers:			
Bank Name:			
Address:			
Bank Contact Name:			
Phone:		Email:	Acct#:
List 3 suppliers you have done business with for one year or more. (Excluding Credit Cards, Fuel Suppliers, Landlord, Power and Phone)			
Company 1: Address:			
Contact:		Contact title:	
Phone:		Email:	
Company 2: Address:			
Contact:		Contact title:	
Phone:		Email:	
Company 3: Address:			
Contact:		Contact title:	
Phone:		Email:	
ACCOUNT CREDIT DETAILS			
Credit limit requested:			
Purchase Order Required:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please provide your courier's name and account number. If not, this project will be shipped on the courier of our choice, and the shipping costs will be added to the order. Note: If order qualifies for free shipping – Seller responsibility			
Freight Company1 :		Account #	
Freight Company2 :		Account #	

If you are generating a Purchase Order for NET 30 Terms, a copy is required before production begins. Due to the custom nature of our work, we may require full payment before production / shipping.



PREFERRED PAYMENT METHOD
<input type="checkbox"/> EFT (once credit terms are established current banking information will be sent to the contact information provided)
<input type="checkbox"/> E transfer (once credit terms are established current e-transfer details will be sent to the contact information provided)
<input type="checkbox"/> Cheque
<input type="checkbox"/> Credit card (Please contact your Sales Rep to provide your credit card information)

Accounts are due 30 days following the date of the invoice unless otherwise specified on the invoice. A service charge will apply on the amount of any overdue account from the date such account becomes overdue. The current rate is 1.5% per month subject to change on notification from Westkey Graphics Ltd. If a customer is sent to a 3rd party to collect payment of their account, collection fees will be paid by customer. Any discounts on invoices will be rolled back and paid by the customer if sent to 3rd party collections or legal. If Westkey goes to court to collect funds owed, legal and court fees will be paid by the customer.

Every Transaction indicated or referred to in any notice, statement, confirmation, and every statement of account shall be deemed and treated as authorized and correct and as ratified and confirmed by the customer unless Westkey receives from the undersigned written notice to the contrary within 30 days upon receipt of such communication forwarded by Westkey to the customer by prepaid mail or by email. Westkey's liability will be limited to the quoted selling price of the defective goods, without additional liability for special or consequential damages. All product warehoused for the customer will be due for payment after 12 months unless otherwise contracted.

Pursuant to Section 12 of the Credit Reporting Act R.S.B.C. 1973, I hereby authorize Westkey to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

I certify that the above information is true and correct and that I am authorized to make the application for credit. I have read and understand the GENERAL TERMS AND CONDITIONS OF TRADE of Westkey Graphics Ltd which from part of and are intended to be read in conjunction with this Credit Application and agree to be bound by these conditions.

Signed: _____

Date: _____

Please select one:

Full Name (Printed) : _____

Title: _____

For Internal Use
Sales Rep:
Planner:
Terms and Credit Limit:
Note: