

# NUMODE DELIVERY SOLUTIONS

www.numode.ca

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## CREDIT APPLICATION

**COMPANY NAME** IN FULL (TRADE NAME): \_\_\_\_\_

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

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

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_ TITLE: \_\_\_\_\_

### **BANKING INFORMATION:**

NAME OF BANK: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

CONTACT: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

### **CREDIT REFERENCES:**

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

PHONE # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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

PHONE # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TERMS ARE NET 7 DAYS. ACCOUNTS THAT REMAIN OVERDUE FOR AN EXCESSIVE PERIOD WILL REVERT BACK TO C.O.D. STATUS. A FEE OF \$20.00 WILL BE CHARGED ON ANY N.S.F. CHEQUES. I CERTIFY THAT ALL THE INFORMATION IS CORRECT AND ACCEPT THE ABOVE TERMS. I HEREBY AUTHORIZE THE CREDITOR TO OBTAIN SUCH CREDIT REPORTS OR OTHER INFORMATION AS MAY BE DEEMED NECESSARY IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF THE CREDIT ACCOUNT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE