

**BUSINESS CONTACT INFORMATION**

Company Name:			
Owner(s) Name:		Owner's SIN:	
Company Address:		Buyer's Email:	
City:		Province:	Postal Code:
Phone:	Fax:		
Credit Amt Requested:	PO Required: Yes / No	Special Instructions:	
Authorized Purchasers:			

BUSINESS AND CREDIT INFORMATION

Ship to Address (if different from above):			PST NUMBER (BC):	
City:		Province:	Postal Code:	
A/P Contact Name:		Email Invoices? Yes / No	Email Statements? Yes / No	
Phone:	Fax:	A/P Email:		
Pay by Credit Card: Yes / No		Pay By Electronic Funds Transfer (EFT): Yes / No	Pay by Online Payment Yes / No	
CC#:	Expiry:	CVV:	Name on Card:	

BUSINESS/TRADE REFERENCES

Company Name:			
City:		Province:	Postal Code:
Phone:		Fax or Email (required):	
Company Name:			
City:		Province:	Postal Code:
Phone:		Fax or Email (required):	
Company Name:			
City:		Province:	Postal Code:
Phone:		Fax or Email (required):	

AGREEMENT

1. All statements are to be paid in full 30 days from the date of the issue. All overdue accounts will be suspended.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Bishoffs Auto to make inquiries into the business/trade references that you have supplied.
4. Interest on outstanding accounts will be charged at 2% per month (24% per annum)
5. Customers will assume all fees associated with the collection of delinquent accounts, including but not limited to interest charges, legal and filing fees and collections costs.
6. Outstanding balances not resolved through collections will result in a lien being placed against the business and or individual as well as seizure of items or equipment purchased from Bishoffs Auto.

AUTHORIZED SIGNATURE:	PRINT NAME:
Date:	Title: