

SNOW CAP ENTERPRISES  
 5698 Trapp Avenue  
 Burnaby, BC  
 V3N 5G4



Phone: 604-515-3202  
 Fax: 604-515-3209  
 Toll Free: 1-800-561-2868

## ACCOUNT APPLICATION

Business Operating Name: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Hours for Delivery: \_\_\_\_\_

Date Present Ownership started \_\_\_\_\_ Purchaser: \_\_\_\_\_

Business Location: Rent  Own  Accounts Payable Manager: \_\_\_\_\_

Please check one: Sole Proprietorship  Partnership  Limited Company

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Acct. #: \_\_\_\_\_ Telephone: \_\_\_\_\_

**TRADE REFERENCE:**

Name	Address	City	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I (we) understand and agree to the terms of sale as stated on each invoice. **Until credit is approved & established, terms will be C.O.D. or credit card.** I (we) concur and agree that a service charge will be levied against any past due accounts at the rate of 1% per month. (12% per annum). I (we) do hereby authorize Snow Cap Enterprises Ltd. to obtain such credit reports or information as may be deemed necessary in connection with the establishment and maintenance or a credit account.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Owner

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Print Name of Owner



**FULL NAME OF OWNER(S) OR PRINCIPAL OFFICER**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

**Method of Payment:**

1% C.O.D.

VISA

M/C

\*No 1% Discount when using credit card

*(Please see attached credit card authorization form)*

**\*\*\*Please note: Terms will be reviewed after the account is established**

**PERSONAL GUARANTEE**

I (we) personally GUARANTEE to meet all liabilities incurred by

\_\_\_\_\_ to Snow Cap Enterprises Ltd.

Company Name

Further, I (we) authorize Snow Cap Enterprises Ltd. to obtain credit reports or other information as deemed necessary on the applicant or it's principals in connection with the maintenance of this account and collection or for any other business reason.

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ WITNESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_