

SNOW CAP ENTERPRISES LTD.
5698 Trapp Avenue, Burnaby, B.C. V3N 5G4



FAX: (604) 515-3209
TELEPHONE: (604) 515-3202

ACCOUNT APPLICATION

Business Operating Name: _____

Legal Business Name: _____

Business Street Address: _____ Telephone No.: _____
Fax No: _____

City: _____ Province: _____ Postal Code: _____

Year Present Ownership Started _____

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#:

Name: Address: City: Fax#:

Name: Address: City: Fax#:

I (we) understand and agree to the terms of sale as stated on each invoice. **Until credit is approved, terms will be C.O.D.**
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 of a credit account.

Date

Signature of Owner

Witness

Print Name of Owner

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FULL NAME OF OWNER(S) OR PRINCIPAL OFFICER

Name: _____ Position: _____

Home Address: _____ City: _____ Home Telephone: _____

Social Insurance No.: _____

Name: _____ Position: _____

Home Address: _____ City: _____ Home Telephone: _____

Social Insurance No.: _____

Preferred Payment: 1 % C.O.D Terms (1% 10 Net 15) WHEN APPROVED

VISA Card # _____ Exp. Date _____

Signature _____

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 _____