

# SNOW CAP INTERIOR FOOD SERVICES LTD.

4130 SPALLUMCHEEN DRIVE, ARMSTRONG, BC, V0E 1B6  
PHONE: 1-250- 546-8781 FAX: 1-250-546-8338  
TOLL FREE PHONE: 1-800-667-8729 TOLL FREE FAX: 1-866-546-8338

## APPLICATION FOR CREDIT

LEGAL BUSINESS NAME BUSINESS OPERATING NAME

BUSINESS STREET ADDRESS MAILING ADDRESS CITY PROVINCE

POSTAL CODE TELEPHONE # FAX # ACCOUNTS PAYABLE CONTACT

### **BUSINESS PARTNERS OR PRINCIPALS:**

NAME HOME ADDRESS PHONE# POSITION IN COMPANY

NAME HOME ADDRESS PHONE# POSITION IN COMPANY

### **BANK INFORMATION:**

NAME OF BANK ADDRESS CITY ACCT #

BANK MANAGER TELEPHONE # FAX # AMOUNT OF CREDIT REQUESTED

### **TRADE REFERENCES:**

NAME ADDRESS CITY PHONE/FAX #

NAME ADDRESS CITY PHONE/FAX #

I (We) understand and agree to the credit terms of sale as stated on each invoice. Our terms are 1% 10 days/Net 15 days payable from invoice date. I (We) concur and agree that a service charge will be levied against any past due accounts at the rate of 2% per month (24% per annum). I (We) do hereby authorize Snow Cap Interior Food Services Ltd to obtain such credit reports or information as deemed necessary for the purpose of establishment and maintenance of a credit account.

I (We) \_\_\_\_\_ of \_\_\_\_\_  
NAME (please print) TITLE LEGAL BUSINESS NAME (please print)

Will be personally responsible for payment of all purchases made by myself or any person authorized by me to represent me, or my company, from SNOW CAP INTERIOR FOOD SERVICES LTD. It is understood that credit would not be extended to me or my company without this assumption of liability.

Dated at \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_.  
CITY AND PROVINCE DAY MONTH YEAR

(PRINT NAME) WITNESS (SIGNATURE) (PRINT NAME) OWNER/GUARANTOR (SIGNATURE)

PRESENT ADDRESS

PRESENT HOME ADDRESS

CITY PROVINCE POSTAL CODE CITY PROVINCE POSTAL CODE

TELEPHONE

TELEPHONE