



ACCOUNT APPLICATION

5698 Trapp Avenue
Burnaby, BC
V3N 5G4

Order Desk: 604.515.3200
Phone: 604.515.3202
Fax: 604.515.3209
Toll Free: 1.800.561.2868
Email: accounts@snowcap.com

Sales Rep: _____
Customer # _____
(Office use only)

BILL TO / CORPORATE NAME	SHIP TO NAME (If same as BILL TO , please check <input type="checkbox"/>)
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BILLING ADDRESS	DELIVERY ADDRESS
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CITY	POSTAL CODE	CITY	POSTAL CODE
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PHONE	CELL	FAX	PHONE	CELL	FAX
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TYPE OF BUSINESS (Bakery, Restaurant, Hotel etc.)	DELIVERY HOURS	OWNERSHIP STARTED
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EMAIL	ACCOUNTS PAYABLE CONTACT	EMAIL
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MANAGER CONTACT	MANAGER CELL #	EMAIL
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FORM OF ORGANIZATION (CHECK ONE)		LEASED	OWNED
PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	PREMISES	
INCORPORATED <input type="checkbox"/>	OTHER <input type="checkbox"/>	EQUIPMENT	

HOW DID YOU HEAR ABOUT SNOW CAP? (PLEASE CIRCLE) Representative Referral Website Other _____

OWNER (S) PRINCIPAL OFFICER	ADDRESS	HOME PHONE #	TITLE

SUPPLIERS REFERENCES / NAME	ADDRESS	PHONE #	FAX #

***** PLEASE FAX A VOID CHEQUE WITH ACCOUNT APPLICATION TO 604.515.3209 *****

UNTIL CREDIT IS APPROVED & ESTABLISHED, TERMS WILL BE C.O.D.

I (we) do hereby authorize Snow Cap Enterprises Ltd. to obtain such credit reports or information as may be deemed necessary in collection with the establishment and maintenance or a credit account.

OWNER/PRINCIPAL SIGNATURE

OWNER/PRINCIPAL SIGNATURE

Signed this _____ day of _____, 20____, in the City of _____ in the Province of British Columbia.

PERSONAL GUARANTEE

I (we) personally GUARANTEE to meet all liabilities incurred by _____ to Snow Cap Enterprises Ltd.
COMPANY NAME

This guarantee shall be governed by the laws of the Province of British Columbia.

DATE

NAME OF GUARANTOR

WITNESS

SIGNATURE

SNOW CAP ENTERPRISES SALES AGREEMENT

The Applicant authorizes Snow Cap Enterprises Ltd. to contact the financial, bank and trade references (including those listed herein) and any credit reporting agencies to obtain/verify credit information;

- Promises to pay my/our account in full on or before the due date as defined on the invoice;
- Agrees to pay any and all service charges assessed at the rate of 1 per month (12% per annum) on past due balances;
- Agrees to pay \$25 NSF service charge per returned cheque;
- Agrees to notify Snow Cap Enterprises Ltd. in writing prior to any changes in ownership, billing address, or authorized buyers;
- Agrees that the amounts owed will be paid in full upon changes in ownership;
- Agrees to pay all of the costs and expenses, including but not limited to, third party collection agency fees, attorney's fees, legal expenses, and/or other fees or expenses incurred enforcing any terms of this agreement collecting amounts owed by applicant;
- That the above information is warranted to be true and correct to be the best of applicant's knowledge.

My/our signature(s) below serve(s) as written consent for Snow Cap Enterprises Ltd. to access personal credit history and/or business credit information for the purpose of determining my/our credit standing in conjunction with opening a business credit account. The undersigned further agrees that he/she is an authorized agent on behalf of the applicant and authorized to affix their signature to this document.

Signature

Signature

Print or Type Name

Print or Type Name

Title/Position (Owner, Partner, etc.)

Title/Position (Owner, Partner, etc.)

Date

Date