## **SNOW CAP INTERIOR ACCOUNT APPLICATION** Order Desk: 1-250-546-8781 Sales Rep:\_\_\_\_ SNOW CAP 4130 Spaniumcheen 2013 Armstrong, BC V0E1B6 4130 Spallumcheen Drive Fax: 1-250-546-8338 Toll Free: 1-800-667-8729 Customer #\_\_\_\_ EMAIL: newaccounts@snowcapinterior.com (office use only) SHIP TO NAME (if same as BILL TO, please check ☐ BILL TO / CORPORATE NAME BILLING ADDRESS DELIVERY ADDRESS CITY POSTAL CODE PHONE CELL FAX PHONE CELL FAX OWNERSHIP STARTED TYPE OF BUSIINESS (Bakery, Restaurant, Café, Bulk Food, Hotel, etc.) DELIVERY HOURS EMAIL ACCOUNTS PAYABLE CONTACT **EMAIL** MANAGER CONTACT MANAGER CELL EMAIL FORM OF ORGANIZATION (CHECK ONE) PROPRIETORSHIP OTHER PARTNERSHIP INCORPORATED HOW DID YOU HEAR ABOUT SNOWCAP? (PLEASE CIRCLE) Representative Referral Website Other OWNER (S) PRINCIPAL OFFICER & TITLE ADDRESS PHONE # **EMAIL** TRADE/SUPPLIER REFERENCES ADDRESS PHONE # **EMAIL OR FAX** \*\*EMAIL OR FAX A VOID CHEQUE WITH ACCOUNT APPLICATION TO: newaccounts@snowcapinterior.com- 250-546-8338\*\* UNTIL CREDIT IS APPROVED AND ESTABLISHED, TERMS WILL BE C.O.D. PAYMENT OPTIONS ARE: EFT, VISA OR MASTERCARD I (We) do hereby authorize Snow Cap Interior Food Services Ltd. to obtain such credit reports or information as may be deemed necessary in collection with the establishment and maintenance of a credit account. OWNER/PRINCIPAL SIGNATURE OWNER/PRINCIPAL SIGNATURE Signed this \_\_\_\_\_\_aday 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 Interior Food Services Ltd.

**COMPANY NAME** 

NAME OF GUARANTOR

SIGNATURE

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

DATE

WITNESS



## **SNOW CAP INTERIOR FOOD SERVICES SALES AGREEMENT**

The applicant authorizes Snow Cap Interior Food Services 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 service charge per returned cheque and \$40 for returned EFT payments;
- Agrees to notify Snow Cap Interior Food Services Ltd. in writing prior to any changes in ownership, billing address, or authorized buyers;
- Agrees to pay all 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 the applicant's knowledge.

My/Our signature(s) below serve(s) as written consent for Snow Cap Interior Food Services 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/Type Name	Print/Type Name
Title/Position (owner, partner, etc)	Title/Position (owner, partner, etc)
	<b>,</b>
Date	- Date