

Business Name: _____

Address: _____

_____ Postal Code: _____

Phone: _____ Fax: _____

Email (purchaser): _____ Email (A/P): _____

Partnership Proprietorship Limited Company

Date business commenced or incorporated: _____

Number of people working in office: _____ **Expected purchases per month:** \$ _____**Name of Principal(s) and Titles:**

Name: _____ SIN#: _____

Birthdate: _____

Name: _____ SIN#: _____

Birthdate: _____

Persons authorized to use account: _____

To set up a CASH Account:

If you would like us to hold your credit card information on file, please complete the following:

Type of card: **Visa** **Mastercard**

Card #: _____ Expiry: _____ / _____

If you would like to pay at time of purchase, please check here: (do not need credit information)**For Office Use Only:**Credit approved: Yes no Other information: _____

Date accounted opened: _____ Account #: _____ Initial: _____

To open a CHARGE account, please see reverse.

To set up a CHARGE Account please complete the following:

Bank References:

Name: _____ Phone: _____
Address: _____ Contact: _____
Name: _____ Phone: _____
Address: _____ Contact: _____

Trade References:

Name: _____ Phone: _____ Fax: _____
Address: _____ Contact: _____
Name: _____ Phone: _____ Fax: _____
Address: _____ Contact: _____

CREDIT TERMS:

The undersigned agrees to the following terms and conditions:

- 1. COWAN OFFICE SUPPLIES LTD.** is authorized to obtain such credit reports or other information as may be deemed necessary in connections with the establishment of a credit account or for any other business requirements.
- The full amount of this account is due, owing and payable within 30 days of the invoice date, and that past due amounts will be charged at 24% per annum plus any collection costs incurred to recover such past due amounts.
- Past due accounts are subject to cancellation of credit without notice.
- The information given on this form is correct and true.

Signature of Authorized Officer, Proprietor or Partner

Date

Print complete name

In consideration of Cowan Office Supplies Ltd. dealing with the customer, I/We, the undersigned promise to pay or cause to be paid to the Company any monies due Cowan Office Supplies Ltd. by the customer including principal, interest and costs on a solicitor/client basis.
This guarantee shall be enforceable against me and you may deal with the customer as you wish and you may grant the Customer extensions of credit and time to pay without in any way affecting your right to require to pay the full amount owed by the Customer to you. I further promise that I will pay the amount owing by the Customer to you regardless of how you may deal with any other person who has guaranteed the indebtedness of the Customer to you.
Where this guarantee is signed by more than one person or where there is more than one person who has signed a guarantee in your favour of the Customer's debts then I agree to be jointly and severally liable with that person to you for the Customer's debts.

Signature of Guarantor

Print complete name

For Office Use Only:

Credit approved: Yes no Other information: _____
Date accounted opened: _____ Account #: _____ Initial: _____