

TEL (604) 249-1555 FAX (604) 576-0797

## **Credit Application**

K&H Dispatch Co. Ltd. 103 – 6592 176th Street Surrey, BC V3S 4G5 We thank you for opening an account with K&H. Please fill in this application and mail or fax it back to us. All information will remain confidential.

FULL COMPANY NAME			FULL TRADE NAME		
BILLING ADDRESS			DELIVERY ADDRESS		
CITY		POSTAL CODE	CITY	POSTAL CODE	
TEL		FAX	TEL	FAX	
EMAIL BILLING ADDRESS		ACCOUNTS PAYABLE CONTACT			
Type of Ownership					
□ PROPRIETORSHIP □ INDIVIDU		JAL	Number of years in business		
☐ CORPORATION ☐ PARTNE		RSHIP	Date of incorporation		
List each principal and con	tact information				
NAME		HOME TEL	HOME ADDRESS		
NAME		HOME TEL	HOME ADDRESS		
NAME		HOME TEL	HOME ADDRESS		
Bank information			Credit Card information		
BANK			BANK		
BRANCH			CARD TYPE		
TEL		ACCOUNT NUMBER	CARD NUMBER	EXPIRY DATE	
SIGNATURE		DATE	SIGNATURE	DATE	
Trade References (Current s	suppliers of goods a	nd trade services only.)			
COMPANY NAME		TEL	ADDRESS		
COMPANY NAME		TEL	ADDRESS		
COMPANY NAME		TEL	ADDRESS		
Terms and Conditions  Accounts are billed on the 15th and the last day of each month. Balance is due and payable upon receipt and becomes overdue in 20 days.  Interest on overdue accounts will be charged at the rate of 2% per month on all unpaid balances. Amounts			Authorization  I/We have read and understand the Terms and Conditions of credit detailed herein and agree to abide by them. We also understand that we are personally responsible and liable for payment of all services provided by K&H Dispatch Co. Ltd.		
outstanding over 60 days will be considered delinquent and will be charged to your credit card. Account will then be put on C.O.D.  In the event a delinquent account is not satisfied it may be necessary to seek third party collection action. All costs incurred will be added to the original debt and applicant will be liable for these additional costs.			PRINCIPAL'S NAME (Please Print)	TITLE	
iliculted will be added to the original debt and	applicant will be liable for these	e audilional costs.	SIGNATURE		
FOR OFFICE USE ONLY			DATE		
Account Number	Authorize	d by	Sales Person	Credit Limit	