



**BUSINESS ACCOUNT APPLICATION**

Company name:

Phone:

E-mail:

Company mailing address:

City:

Prov:

Postal Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Primary business address: *(if different from above)*

City:

Prov:

Postal Code:

Accounts Payable Contact

E-mail:

**BANKING INFORMATION**

Telephone:

E-mail:

Bank name:

Contact:

Bank address:

Phone:

City:

Prov:

Postal Code:

Type of account:

Account number:

Savings

Checking

**BUSINESS/TRADE REFERENCES**

Company name:

Address:

City:

Prov:

Postal Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

Prov:

Postal Code:

Phone:

Fax:

E-mail:

I / We hereby acknowledge and agree to the following conditions of payment: Payment terms to buyer of approve credit are: NET 30 DAYS FROM DATE OF INVOICE. DELINQUENT INVOICES ARE SUBJECT TO A SERVICE CHARGE OF TWO PERCENT (2%) PERMONTH FROM THE DATE OF THE INVOICE. (TWENTY FOUR PERCENT (24%) PER ANNUM UNTIL PAID IN FULL

I / We agree to pay all cost incurred in the collection of outstanding amount due. Permission is hereby granted to ELECTRICAL WHOLESALE SUPPLY to verify credit inquires as deemed necessary to make credit determination.

**THIS DOCUMENT MUST BE SIGNED BY THE OWNERS AND/OR OFFICERS OF THE COMPANY**

Signature:

Date:

Signature:

Date:

Name (Please Print)

Name (Please Print)

Title:

Title: