



BLOK
PRINTING LTD.

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Account Application

Company Name: _____

Address: _____

Postal Code: _____

Email Address for Invoice: _____

Telephone: _____ Fax: _____

Date: _____ Representative: _____

Organization: Individual Association Proprietorship Partnership Corporation

Type of Business: _____ Number of Years in Business: _____

Owners/Officers of Company

President: _____ Res. Telephone: _____

Secretary/Treasurer: _____ Res. Telephone: _____

Purchasing Agent: _____ Telephone (Ext.): _____

Accounts Payable: _____ Telephone (Ext.): _____

Accounts Payable E-mail Address: _____

Credit Information

Bank: _____ Branch: _____

Account No.: _____ Contact: _____ Telephone: _____

GST/HST License No.: _____

Credit References

Please list suppliers from whom you have received credit for at least two years.

Name of Company	Complete Address	Telephone No.	Fax No.
1.			
2.			
3.			

<u>Agreed Terms</u>	<u>I / We agree to the stated terms.</u>
All invoices are payable within thirty days of receipt of goods.	Company Name: _____
Interest at the rate of 2% per month (24% per annum) will be charged on all past due balances until paid.	(Signed) _____
MAXIMUM CREDIT REQUIRED \$ _____	(Title) _____