

IN GRAPHIC DETAIL LTD.

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ACCOUNT APPLICATION FOR CREDIT

Company: _____ P.S.T. Number: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel: _____ Fax: _____ E-mail: _____

Number of years at address: _____

The following information must be completed in full – All information will be held in strictest confidence

OWNERSHIP

FORM OF OWNERSHIP:

Corporation _____ Partnership _____ Proprietorship _____ Individual _____ Incorporated within the last 12 month _____

Name (President): _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

Name (Secretary): _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

FINANCE

Bank: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel: _____ Fax: _____ Account Representative: _____

TRADE REFERENCE: (Please fill out all three completely)

Company Address Contact Tel

Company Address Contact Tel

Company Address Contact Tel

I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I (WE) UNDERSTAND THAT THE ABOVE APPLICATION IS ACCEPTED FOR EXTENSION OF CREDIT BY IN GRAPHIC DETAIL LTD. PAYMENT TERMS WILL BE NET 30 DAYS, AND THAT I (WE) CAN AND WILL COMPLY WITH YOUR TERMS.

Date: _____

Print Name & Title: _____ Signed: _____