



**ARC CANADA CREDIT APPLICATION  
BRITISH COLUMBIA SERVICE CENTERS**

**Please fax completed form to 604.291.9585  
Please be sure that an officer of your company signs this application. Fill out, print, sign and fax.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Trade Name (DBA) / Name of Company: | | | | | | Date of Incorporation: | | | | | | | |
| Province of Incorporation / Incorporation #: | | | | | | | | | | | | | |
| Billing Address: | | | City: | | | | | | Province: | | | | Postal Code: |
| Physical Address: | | | City: | | | | | | Province: | | | | Postal Code: |
| Phone: | Fax: | | | | | | | | GST #: | | | | |
| Organization Type:  Corporation  Partnership  Individual  Sole Proprietor | | | | | | | | | | | | | |
| **Customer Type**:  Advertisers/Mkt/Graphics  Architect  Automotive  Engineer  Financial  General Contractor  Government  Govt Contractor  Legal  Medical  Home Builders  Manufacturer  Oil/Chemical  Property/Real Estate  Retail  Schools  Sub Contractor  Utilities  Wholesale  Corporate  Non-profit Org  Other: | | | | | | | | | | | | | |
| Contact Name: | | Email: | | | | | | | | | | | |
| If Branch or Division, Home Office Address: | | | | | | | | | | | Home Office Phone: | | |
| If Branch or Division, Branch Location: | | | | | | | | | | | Branch Phone: | | |
| Corporate Officers, Proprietor, or Partners | | | | | | | | | | | | | |
| Name | | | | | | | Title | | | | | | |
|  | | | | | | |  | | | | | | |
|  | | | | | | |  | | | | | | |
| PST Exempt:  Yes  No PST Registration #: | | | | | | | | | | | | | |
| Are Purchase Orders Required:  Yes  No | | | | | | | | | | | | | |
| Estimated Monthly Purchases: $ | | Credit Limit Requested: $ | | | | | | | | | | | |
| Trade References (Do not list utilities, security service, delivery service or credit card accounts as references)  ("\*" indicates required fields) | | | | | | | | | | | | | |
| Company Name\* | Fax Number\* | | | | Phone Number (optional) | | | | | | | Account Number\* | |
|  |  | | | |  | | | | | | |  | |
|  |  | | | |  | | | | | | |  | |
|  |  | | | |  | | | | | | |  | |
| Bank Information | | | | | | | | | | | | | |
| Bank: | | | | | | | | | | Account No: | | | |
| Bank Address: | | | | Bank Contact: | | | | | | | | Bank Phone: | |
| Credit Card Authorization (optional) | | | | | | | | | | | | | |
| I authorize ARC Canada to use a credit card to settle my account balance each month in lieu of extending a line of credit. An ARC Canada representative will contact you for the credit card information if authorization is given to ARC Canada to use a credit card to settle your account balance each month in lieu of extending a line of credit. The account balance will be settled on the first day of each month for the previous month's net activity. Account authorization signature below is also required. | | | | | | | | | | | | | |
| Signature of Cardholder: | | | | | | | | Print/Type Name: | | | | | |
| Account Authorization | | | | | | | | | | | | | |
| Collection of Accounts: In the event ARC Canada is compelled to place this account with a collection agency, or files suit to enforce collection, I/we agree to pay all reasonable collection and attorneys' fees, and actual court costs associated. Upon default of any sum due under this agreement, the entire unpaid balance shall, at the option of ARC Canada, become immediately due and payable. Should litigation be filed to enforce any of the agreements herein, I/we agree to jurisdiction and venue in the area of the ARC Canada service center where this application is faxed.  The information above is given to obtain an open account with ARC Canada.  I/we authorize ARC Canada to conduct a credit investigation from credit bureaus, trade and bank references for the purpose of granting credit. . I understand that the credit terms are NET 30. The company also agrees to pay a delinquent charge of 1.5% per month (19.56% per annum) for any open invoice amounts that are past our credit terms. I certify that the above information is correct and that I have the authority to incur liabilities in the name of the company. Please sign and fax completed form to 604.291.9585. | | | | | | | | | | | | | |
| Authorizing Signature (officer of the co.): | | | | | | | | | | Print/Type Name: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| For Official Use Only | | | |
| Approval: | Account No.: | | Approved Limit: |
| Sales Rep: | Sales Rep No.: | | Entered Date: |
| Account Terms: | | | |
| Customer Class:  AEC  N-AEC  R | | Primary Sales Location / Territory: | |