



BUSINESS ACCOUNT APPLICATION

COMPANY INFORMATION

Full Name of Business _____

Address _____

Phone _____ Fax _____ E-mail _____

Name(s) of Principal(s) _____

Type of Ownership: Proprietorship _____ / Partnership _____ / Corporation _____

Type of business _____ Years in operation _____

Name & Tel. No. of A/P _____

Our Terms:

1. Full payment within 15/30 days of the date of the invoice. OAC
2. Past due invoices are subject to a service charge of 2% per month.

*I/We hereby certify that the information contained herein is true and correct and I/We authorize Ink House Sales Ltd. to open up a Business Account.

Authorized Signing Officer:

Name (Print) _____ Signature _____

Position _____ Date _____

If you would like to pay by Credit Card (Visa, MC) please fill out above section

Credit Card Details on File.

Name on Card : _____

Credit Card : _____

EXP : _____

If you want to pay by cheque please select Cheque Option below

CHEQUE : YES ___ NO ___

Ink House

Info@inkhouse.ca

Line 1 : 639 998 3599

Line 2 : 306 203 4103