



Net30 Credit Application Form

Please complete ALL fields. Missing information could delay your application.

Business Information

Legal business name: <input style="width: 90%;" type="text"/>	Phone number: <input style="width: 90%;" type="text"/>
DBA / operating as: <input style="width: 90%;" type="text"/>	Fax number: <input style="width: 90%;" type="text"/>
Date business established: <input style="width: 90%;" type="text"/>	Street address: <input style="width: 90%;" type="text"/>
Business type: Organisation Corporation City: <input style="width: 90%;" type="text"/>	Province: <input style="width: 90%;" type="text"/>
Partnership Proprietorship	Postal code: <input style="width: 90%;" type="text"/>
Require PO# on orders: Yes No	

Officer / Partner / Owner Information #1

Full name:

Title:

Phone number:

Street address:

City:

Province:

Postal code:

Officer / Partner / Owner Information #2

Full name:

Title:

Phone number:

Street address:

City:

Province:

Postal code:

Officer / Partner / Owner Information #3

Full name:

Title:

Phone number:

Street address:

City:

Province:

Postal code:

Bank Information

Bank name:

Location / branch:

Phone number:

Fax number:

Contact name:

Transit number:

Account number:

Trade Information #1

Company name:

Location / branch:

Phone number:

Fax number:

Contact name:

Trade Information #2

Company name:

Location / branch:

Phone number:

Fax number:

Contact name:

Credit Amount Requested

Amount:

Sales representative

Name and store:

Authorization

*I/We expressly consent to MEMORY EXPRESS INC. and/or VERI-CHEQUE LTD. to obtain any reports containing credit or personal information that is required in obtaining credit from Memory Express Inc. I/We declare that the information given on this application is true and accurate in every aspect. This declaration is made for the purpose of obtaining credit from Memory Express Inc. and will remain confidential. *There may be a charge for us to do a bank rating on your account.*

Signature: <input style="width: 90%; height: 40px;" type="text"/>	Full name: <input style="width: 90%;" type="text"/>
	Title: <input style="width: 90%;" type="text"/>
	Date: <input style="width: 90%;" type="text"/>

The person signing this application must have signing authority for the bank account listed above. E-Signatures not accepted.



Net30 Credit Application Form

Please list any other addresses you will ship to using this Net30 account.

Shipping address #1

Name:

Phone number:

Fax number:

Street address:

City:

Province:

Postal code:

Shipping address #2

Name:

Phone number:

Fax number:

Street address:

City:

Province:

Postal code:

Shipping address #3

Name:

Phone number:

Fax number:

Street address:

City:

Province:

Postal code:

Shipping address #4

Name:

Phone number:

Fax number:

Street address:

City:

Province:

Postal code:

Authorized Buyer #1

Name:

Phone number:

E-mail address:

Ship to address: #1 #2 #3 #4

Authorized Buyer #2

Name:

Phone number:

E-mail address:

Ship to address: #1 #2 #3 #4

Authorized Buyer #1

Name:

Phone number:

E-mail address:

Ship to address: #1 #2 #3 #4

Authorized Buyer #2

Name:

Phone number:

E-mail address:

Ship to address: #1 #2 #3 #4

Accounts Payable #1

Name:

Phone number:

E-mail address:

Ship to address: #1 #2 #3 #4

***There may be a charge for us to do a bank rating on your account.**