310-SIGN



Complete this form and fax it to 1.888.856.8931 or email it to net30@310sign.ca

COMPANY INFORMATION

Company Name					
Company Address					
	Street Address		City	Postal Code	
Accounts Payable					
Cor	ntact Name	Phone Number	Е	mail Address	
BILLING INFORMATIO	N (if different from above)				
Company Name					
Company Address					
	Street Address		City	Postal Code	
Accounts Payable					
Cor	ntact Name	Phone Number	Е	mail Address	
ACCOUNT INFORMAT	ION				
Approved					
Purchaser	Name		Title or Position		
Approved Purchaser					
	Name		Title or Position		
Annual Sales		I Authorize this application for credit and allow 310-SIGN to check the information provided with			
\$0 - \$100,000 \$100,000 - \$500,000	□ \$500,000 - \$1,000,000 □ \$1,000,000 +	credit bureaus or others.			
		I understand that albertasafetysign.com terms are 30 days			
Requested Limit			from date of invoice (unless noted otherwise). Furthermore, I understand that my orders will not be shipped if my account is		
\$0 - \$500	\$2,500 - \$5,000	past due.	past due.		
\$500 - \$1,000	\$5,000 - \$10,000				
1 \$1,000 - \$2,500	□ \$10,000 +				

Authorized Signature

Date