



Account / Credit Application

Registered Company Name: _____

Address:

Street: _____ Tel: _____
City: _____ Fax: _____
Province/State: _____ Postal/Zip Code: _____

Invoicing Procedure: _____ PO required? _____ Yes _____ No

Date Business Commenced: _____

PST No: _____ GST No: _____

Do you: _____ Own buiding _____ Rent

No. of Employees: _____

If rented, from whom: _____

Address: _____

Names of Principal Officers/Owners:

Name: _____
Title: _____
Address: _____

Name: _____
Title: _____
Address: _____

Bank:

Address: _____ Tel: _____
Account No: _____ Fax: _____
Manager's Name: _____

Major Trade References:

Name: _____ Tel: _____
Address: _____ Fax: _____

Name: _____ Tel: _____
Address: _____ Fax: _____

Name: _____ Tel: _____
Address: _____ Fax: _____

Date: _____ Signature: _____

Fax to: 604.633.2753 or 1.877.664.0672 E.mail to: info@etravelvideo.com