

**SUMAS GRO-MEDIA LTD.**

**42481 Industrial Way**

**CHILLIWACK, B.C.**

**TEL (604) 823-6688**

**FAX (604) 823-7206**

Company Name: \_\_\_\_\_

Trade Name (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Location (if different): \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

Cell Number: \_\_\_\_\_

In Business Since: \_\_\_\_\_

Company Is: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Incorporated

Principals names                      HomeAddress                      Title

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Bank and Branch: \_\_\_\_\_

Major Suppliers                      Fax/email                      Credit Limit

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are Purchase orders always used? YES/NO

Credit Limit Requested:\$ \_\_\_\_\_

Orders Placed by \_\_\_\_\_

The undersigned does hereby certify that the information provided above is true and correct and does hereby authorize the firm to whom this application is submitted to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account. This consent is given pursuant to section 120 F of the Personal Information Reporting Act of British Columbia.

The undersigned acknowledges that the terms of sale are Net 30 Days and that a service charge of 2% per month (26.8% annually) will be added on any past due portion of the account.

**Sumas Gro-Media Ltd. reserves the right to refuse delivery or service of any kind until full payment has been made on account.**

I am the applicant named herein and/or authorized representative of the corporation named herein.

Dated at \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Witness \_\_\_\_\_ Applicant \_\_\_\_\_  
Print Name Print Name

Witness \_\_\_\_\_ Applicant \_\_\_\_\_  
Sign Name Sign Name

**PERSONAL GUARANTEE**

The undersigned, being \_\_\_\_\_ of  
(Applicant Name)

\_\_\_\_\_  
(Company Name)

Assumes personal liability for payment of the company's account.

It is understood that credit would not be extended to \_\_\_\_\_  
(Company Name)

without this assumption of liability.

Dated at \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Witness \_\_\_\_\_ Guarantor \_\_\_\_\_  
Print Name Print Name

Witness \_\_\_\_\_ Guarantor \_\_\_\_\_  
Print Name Print Name