

CORPORATIVE INFORMATION			
Business Legal Name:			
Billing Address:			
		Postal Code:	
Phone:		Fax:	
Email:			
Contact Personal		Billing:	
		Buying:	
In business since the:			
GST/TPS #		QTS/TVQ #	
Line of Credit requested: \$			
Are you using Purchase Order Form?		Yes:	No:
OWNER INFORMATION			
Name:			
Address:			
		Postal Code:	
Phone:		Fax:	
Email:			
Driver License Permit No.:			
Social Insurance Number or Credit Card:		Exp. (mm/yy):	
BANKING INFORMATION			
Transit #		Account #	
Financial Institution:			
Address:			
		Postal Code:	
Phone:		Fax:	
Contact Person at the institution:			
3 CURRENT BUSINESS REFERENCES			
Name:		Phone:	
Address:		Fax:	
Name:		Phone:	
Address:		Fax:	
Name:		Phone:	
Address:		Fax:	
TERMS OF PAYMENT			
Net 30 days. 2% Additionnal Montly Service Charge for Overdue Accounts, 24% per year.			
I authorise Photo Service Ltd to obtain all informations from my financial institution and the 3 business references already mentionned in this application in order to evaluate my credit request.			
Name:			Date:
Authorized Signature: X _____			
PLEASE RETURN THIS COMPLETED APPLICATION FORM BY FAX AT (514) 849-8628			
<i>A 45\$ processing fee may be applicable to open a commercial account</i>			