

SNOW CAP ENTERPRISES
 5698 Trapp Avenue
 Burnaby, BC
 V3N 5G4



Phone: 604-515-3202
 Fax: 604-515-3209
 Toll Free: 1-800-561-2868

ACCOUNT APPLICATION

Business Operating Name: _____

Legal Business Name: _____

Business Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Year Present Ownership started _____ Purchaser: _____

Business Location: Rent Own Accounts Payable Manager: _____

Please check one: Sole Proprietorship Partnership Limited Company

Bank: _____ Address: _____

Acct. #: _____ Telephone: _____

TRADE REFERENCE:

Name	Address	City	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I (we) understand and agree to the terms of sale as stated on each invoice. **Until credit is approved & established, terms will be C.O.D. or credit card.** I (we) concur and agree that a service charge will be levied against any past due accounts at the rate of 1% per month. (12% per annum). I (we) do hereby authorize Snow Cap Enterprises Ltd. to obtain such credit reports or information as may be deemed necessary in connection with the establishment and maintenance or a credit account.

 Date

 Signature of Owner

 Witness

 Print Name of Owner



FULL NAME OF OWNER(S) OR PRINCIPAL OFFICER

Name: _____ Position: _____

Home Address: _____ City: _____

Home Telephone: _____

Name: _____ Position: _____

Home Address: _____ City: _____

Home Telephone: _____

Method of Payment:

1% C.O.D.

VISA

M/C

*No 1% Discount when using credit card

(Please see attached credit card authorization form)

*****Please note: Terms will be reviewed after the account is established**

PERSONAL GUARANTEE

I (we) personally GUARANTEE to meet all liabilities incurred by

_____ to Snow Cap Enterprises Ltd.

Company Name

Further, I (we) authorize Snow Cap Enterprises Ltd. to obtain credit reports or other information as deemed necessary on the applicant or it's principals in connection with the maintenance of this account and collection or for any other business reason.

DATE _____

PRINT NAME _____

ADDRESS _____ WITNESS _____

SIGNATURE _____ SIGNATURE _____



Snow Cap Enterprises Ltd.

5698 Trapp Avenue, Burnaby, B.C. V3N 5G4

Phone: (604) 515-3202

Credit Dept. - Fax: (604) 515-3209

VISA/MASTER CARD PAYMENT SERVICE ENROLLMENT AUTHORIZATION

Company Name: _____

Address: _____

City: _____ **Province** _____ **Postal Code:** _____

AUTHORIZE SNOW CAP ENTERPRISES LTD.

Snow Cap Account Number: _____

TO DEBIT VISA MASTERCARD

Card Number: _____

Expiration Date: _____

Security Code: _____

(3 digit number on the back of the card)

Name as appears on card: _____

PURPOSE Goods Purchased

TERMS AND CONDITIONS

I will notify the Company in writing of any changes in the card information or termination of this authorization at least thirty (30) days prior to the next payment date.

I understand the termination of this authorization does not affect my obligation to pay for goods or services contracted for/with the Company.

My financial institution will treat each debit as if I had issued a written document authorizing the Company to debit the amount(s) specified to my account and need not verify that amounts are drawn in accordance to this authorization.

I acknowledge that delivery of this authorization to the Company constitutes delivery to my financial institution.

I have read and understood the term of this authorization

Signature

Date