



Please print, fill out and fax back to us:

Phone: 604-549-6622

Fax: 604-549-6742

Email: admin@blueheroncourier.com

CREDIT APPLICATION

NAME / TRADE NAME	
POSTAL ADDRESS	POSTAL CODE
CITY AND PROV.	TELEPHONE
BILLING ADDRESS	FAX
CITY AND PROV	POSTAL CODE
ACCOUNTS PAYABLE CONTACT AND TELEPHONE#	TYPE OF FIRM PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/>
OFFICERS OF COMPANY PRESIDENT SECRETARY	DATE OF INCORPORATION
Bank References	Branch
Trade References (Firms presently extending credit to You in line with your requirements from-preferably local references)	
1.	Phone
2.	Phone
3.	Phone

How often do you expect to use our services? # _____ per month

MAXIMUM CREDIT REQUIRED \$ _____ per month

PLEASE NOTE:

The applicant is aware and fully understands that:

- (a) variable billing charges are due upon receipt of our invoice are past due fifteen (15) days thereafter and;
- (b) past due accounts are subject to cancellation of credit without notice and subsequent third party collection action, and;
- (c) all charges must be paid in full before any service disputes can be settled, and;
- (d) a service charge of up to 2 % may be charged on all past due accounts.

CONSENT

I HEREBY AUTHORIZE BLUE HERON COURIER INC. TO OBTAIN SUCH CREDIT REPORTS OR OTHER INFORMATION AS MAY BE DEEMED NECESSARY IN THE CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF A CREDIT ACCOUNT OR FOR ANY OTHER DIRECT BUSINESS REQUIREMENT

OFFICE USE	Mercantile Report		I / WE AGREE TO THE CONDITIONS SET OUT ABOVE
			DATE:
CREDIT LIMIT:		CREDIT MANAGER	
			Name and position or signor
ACCOUNT #			