

For contact information  
visit us at  
**www.vocar.net**

COMPANY NAME: \_\_\_\_\_  
SHIPPING/RECEIVING  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ PROV/STATE: \_\_\_\_\_ POSTAL/ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ GST#: \_\_\_\_\_  
 BILLING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ PROV/STATE: \_\_\_\_\_ POSTAL/ZIP: \_\_\_\_\_  
 DATE OF INCORPORATION/PARTNERSHIP: \_\_\_\_\_ DUNS#: \_\_\_\_\_  
 NAMES OF PRINCIPALS OFFICERS: 1. \_\_\_\_\_ TITLE: \_\_\_\_\_  
 2. \_\_\_\_\_ TITLE: \_\_\_\_\_  
 BILLING CURRENCY      CDN :       US:       A/P CONTACT:   
 ESTIMATED MONTHLY CREDIT REQUIREMENT: \_\_\_\_\_  
 SPECIAL BILLING INSTRUCTIONS: \_\_\_\_\_  
 \_\_\_\_\_

BANK: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 BRANCH: \_\_\_\_\_ PHONE: \_\_\_\_\_

CUSTOMS BROKER: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CREDIT REFERENCE**

1) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

2) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

3) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

To the best of my knowledge the above statements are true. My signature below A) indicates my permission to obtain credit information from the sources referenced and B) attests financial responsibility and willingness to pay invoices in accordance with terms.

**CREDIT TERMS ARE 30 DAYS**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_

COLLECTION PROCEDURES ARE GOVERNED BY ITEMS 435 AND/OR 440 OF THE RULES OF VCTS 100

OFFICE USE ONLY      SALESMEN CODE: \_\_\_\_\_

APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_ LIMIT: \_\_\_\_\_