**I. COMPANY INFORMATION**

GST Number : PST Number:

Company Name:

Address:

**City/ Province/Postal Code:**

Phone:

Fax:

President/ Owner

**II. CREDIT INFORMATION**

Accounts Payable Contact:

Accounts Payable Manager:

A/P Phone:

Credit Line Requested:

**III. Banking**

Bank Name:

Address:

City/Province:

Postal Code:

Phone: Fax:

Accounts #

**IV. TRADE AND CREDIT INFORMATION**

Company: Contact:

Address: City/Province / Postal Code:

Phone: Fax:

Company: Contact:

Address: City/Province / Postal Code:

Phone: Fax:

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.

2. Claims arising from invoices must be made within seven working days.

3. By submitting this application, you authorize Aquapack Sales Ltd. To make inquiry into the banking and business/trade references that you have supplied.

Please Print Name: Title:

**SIGNATURES**

Title: Title:

Date: Date: