

**REQUIRED FIELD\* PART 1- WHOLESALE ACCOUNT APPLICATION – PAGE 1 OF 2**

13931 Bridgeport Road, Richmond, BC V6V 1J6 - Ph: 604-234-4545 – Fax: 604-234-4546 - teri@dovreimport.com

**BUSINESS CONTACT INFORMATION**

Name of Applicant:*		Title:	
<b>Company name:*</b>		Are you applying for terms? *N/Y- <b>(on P.2)</b>	
Phone:*	Fax:	E-mail:*	
<b>Billing Address* Street:</b>			
City:	Province:	Postal Code:	
<b>Ship To Address* Street:</b>			
City:	Province:	Postal Code:	
Phone:	Receiving Hours:	Mon-Fri	Sat/Sun
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other:

**NOTE:**

- ALL PRICE CHANGES, RECALL INFO, NEW ITEM INFO WILL BE **E-MAILED TO THE PURCHASER.**
- ALL INVOICES, STATEMENTS, CREDIT NOTES WILL BE **E-MAILED TO THE A/P CONTACT.**
- ALL PROMOTIONS WILL BE **E-MAILED TO THE PURCHASER/MARKETING CONTACT.**

<b>ACCOUNTS PAYABLE CONTACT</b>	<b>NAME:*</b>	<b>E-MAIL*</b>
PHONE:*	EXTENSION #	
<b>AUTHORIZED PURCHASER</b>	<b>NAME:*</b>	<b>E-MAIL*</b>
PHONE:	EXTENSION #	
<b>AUTHORIZED PURCHASER -2</b>	<b>NAME:*</b>	
PHONE:	EXTENSION #	<b>E-MAIL *</b>
<b>MARKETING CONTACT</b>	<b>NAME:*</b>	
PHONE:	EXTENSION #	<b>E-MAIL*</b>

**\*CREDIT CARD INFO PROVIDED FOR THE FOLLOWING:  
PAYMENT OF FIRST ORDER/ SECURITY OR ONGOING PAYMENT METHOD (IF CHECKED BELOW.)  
PLEASE REFER TO OUR CREDIT CARD POLICY DOCUMENT AS FEES MAY APPLY \*\***

<b>VISA®</b>	Card Number	Expiry /	CVV
Name on Card:		Auth <b>Signature X</b>	
<b>MASTERCARD®</b>	Card Number	Expiry /	CVV
Name on Card:		Auth <b>Signature X</b>	
<b>√ (check) One option below for preferred on-going payment method *</b>			
<input type="checkbox"/> C.O.D. ( Local Co.'s only)	Cash/Cheque/ Money order on Delivery. Note <b>\$35</b> re-delivery charge for non payment		
<input type="checkbox"/> Prepay Credit Card	Pay By Credit Card <b>on the invoice date</b>		
<input type="checkbox"/> Terms – O.A.C.	NET 14 days - Cash, Cheque, Interac e-transfer <b>(Apply on pg 2)</b> \$25 NSF FEE		
<input type="checkbox"/> Terms E.F.T. – O.A.C.	NET 14 days O.A.C. – <b>(Apply on pg 2.)</b> Call A/R Manager for Our Banking Details		

**PAGE 1 - AGREEMENT**

1. All invoices are to be paid by chosen payment method on the day of shipping or within 14 days O.A.C.
2. Claims arising from Damages/ shortages/ errors on invoices must be made within 5(five) working days.
3. By submitting this account application, you are **not** applying for Credit terms with Dovre Import Ltd.
4. If you are applying for 14 day payment Terms, please fill in **page 2** of this application.

**SIGNATURE(S)\***

Date: / /	Date: / /
Print name_____	Print Name_____
X	X



## REQUIRED SECTION\* PAGE 2 - APPLICATION FOR CREDIT

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### \* BUSINESS CONTACT INFORMATION

Name of Applicant	Title:	Owner's Home Phone:
<b>Company Name:</b>		DBA:
Co. Phone:	Fax:	E-mail: <b>See Page 1</b>

### \* BUSINESS AND CREDIT INFORMATION

How long at current address?		
<b>Bank Name:</b>	Phone:	Fax:
<b>Bank Manager's Name:</b>		
Bank Address :		
City:	Province:	Postal Code:
Type of Account	Account Number	
Savings		
Chequing		
Other		

### \* BUSINESS/TRADE REFERENCES

<b>Company name:</b>		
Street Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:
Contact if known:		
<b>Company name:</b>		
Street Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:
Contact if known:		
<b>Company name:</b>		
Street Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:
Contact if known:		

### \* AGREEMENT - FOR ESTABLISHING CREDIT

1. Invoices are to be paid 14 days from the date of delivery or receipt of shipment.
2. **First order is Prepaid or C.O.D per page 1.**
3. Claims arising from invoices must be made within 5 (five) working days.
4. By submitting this application, you authorize Dovre Import & Export Ltd. to make inquiries into the banking and business/trade references that you have supplied along with an Equifax report.
5. By signing below you personally guarantee all debts owing to Dovre Import & Export Ltd.
6. Please **choose payment method on page 1.** Terms will apply and payment can be made when due, O.A.C.

### \* SIGNATURES\*

Title:	Title:
Date:	Date:
X	X