



NEW ACCOUNT APPLICATION OFFICE USE ONLY		
Account# _____	Login: _____	Password: _____
Discount: _____	NOTES: _____	



November 2017

BUSINESS CONTACT INFORMATION

Company Name:

Company Address: _____ Suite/Unit: _____

City: _____ Province: _____ Postal Code: _____

Shipping Address: IF DIFFERENT THEN ABOVE Suite/Unit: _____

City: _____ Province: _____ Postal Code: _____

Main Phone#: _____ Main Fax#: _____

Main Contact: _____ Main Email: _____

Accounts Payable Contact:

A/P Phone#: _____ A/P Fax#: _____

A/P Email: _____

Email(s) to have the Invoices sent to(Max of 2 emails): _____

Email to have this **New Account Info** sent to: _____

Date business commenced : MM / DD / YYYY Nature of Business: _____

Do you wish to have a Delivery Confirmation via email? *If yes please enter email address below*

Email to use for Confirmation: _____

How did you hear about Secured Courier / Greenteam Courier Ltd? : (see below)

Referral Who referred: _____ Direct Mail Radio Other _____

BANK INFO

Bank Name: _____ City: _____

INVOICE PAYMENT OPTIONS (PLEASE CHOOSE ONE)

CREDIT CARD Type of Card: VISA MasterCard American Express

Credit Card Number: _____ Expiry Date: _____

a) Automatic Withdraw: b) Will call us when Invoice Received to make payment:

Cheque will be mailed (once Invoice is received):

Electronic Funds Transfer (E.F.T.):
If you wish to use this option, please contact the office for our Account details.

AGREEMENT

Secured Courier Ltd. is hereby authorized to obtain information it considers necessary to process this Account Application. The undersigned has authorized its bank to respond to our Credit inquiries. **All invoices are due upon receipt. Any account that is not paid in full within 30 days will have a late fee of 3% charged and their account suspended until paid in full.**

SIGNATURE

PRINTED Name of Authorized Officer: _____

SIGNATURE of Authorized Officer: _____

TITLE: _____ DATE: _____