



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



November 2014

BUSINESS CONTACT INFORMATION

Company Name:		
Company Address:		Suite/Unit:
City:	Province:	Postal Code:
Shipping Address: <i>IF DIFFERENT THEN ABOVE</i>		Suite/Unit:
City:	Province:	Postal Code:
Main Phone#:		Main Fax#:
Main Contact:		
Accounts Payable Contact:		
A/P Phone#:		A/P Fax#:
A/P Email:		
Email to have the Invoices sent to:		<i>IF DIFFERENT THEN ABOVE</i>
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? <i>If yes please enter email address below</i>		
Email to use for Confirmation:		
How did you hear about Secured Courier / Greenteam Courier Ltd? : <i>(see below)</i>		
Referral <input type="checkbox"/> Who referred: _____ Direct Mail <input type="checkbox"/> Radio <input type="checkbox"/> Other <input type="checkbox"/> _____		

BANK INFO

Bank Name:	City:
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INVOICE PAYMENT OPTIONS (PLEASE CHOOSE ONE)

CREDIT CARD Type of Card: VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/>
Credit Card Number: _____ Expiry Date: _____
a) Automatic Withdraw: <input type="checkbox"/> b) Will call us when Invoice Received to make payment: <input type="checkbox"/>

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 45 days will be suspended until paid in full. Interest charges will apply.

SIGNATURE

PRINTED Name of Authorized Officer: _____

SIGNATURE of Authorized Officer: _____

TITLE: _____ DATE: _____