

Client Information

Company name: _____ Date business established: _____

Name of parent company (if applicable): _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Nature of business: _____

GST # _____ PST #: _____ WorkSafeBC #: _____

Type of company: _____ Corporation | Partnership | Proprietorship

Accounting Information

Accounts payable contact: _____ Email: _____

Phone: _____ Amount of credit requested: _____

Bank: _____ Branch address: _____

Bank manager: _____ Phone: _____ Fax: _____

Names of Officers/Owners:

Name: _____ Title: _____

Direct phone : _____ Email: _____

Name: _____ Title: _____

Direct phone : _____ Email: _____

Trade References

Company: _____ Contact: _____

Phone: _____ Fax: _____ Email: _____

Company: _____ Contact: _____

Phone: _____ Fax: _____ Email: _____

Company: _____ Contact: _____

Phone: _____ Fax: _____ Email: _____

Mammoth Imaging's required to collect GST and PST on all sales unless exemption certification and/or tax exemption number is provided and meets the GST/PST regulations.

I am an authorized purchasing agent of the applicant. By signing this document, I certify the above information to be true and grant permission to Mammoth Imaging to contact the financial institution and trade references listed. My company and I authorize all banks, trade references and credit reporting agencies to disclose to Mammoth Imaging and all information concerning the financial and credit history of the applicant.

Applicant Name _____ Title _____

Applicant Signature _____ Date Signed _____

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Mississauga, ON L5L 5R4**

905-569-7446 **P**

905-569-9702 **F**

info@mammothimaging.com **E**

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Due to the custom nature of our business, we work on a 50% deposit / balance due upon completion basis. Once credit history is established, we are able to provide net 30 day terms to accounts purchasing \$4000 a year and over. (certain orders may require a deposit, even with terms) Payment can be made by cheque, cash, VISA or Mastercard.