



SERVING ALL YOUR PACKAGING & WAREHOUSE SUPPLY NEEDS

**NEW ACCOUNT FORM AND CREDIT APPLICATION: WEBSITE APPLICATION**

Date \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Ship-to Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Purchaser \_\_\_\_\_ Payables \_\_\_\_\_

G.S.T. # \_\_\_\_\_ P.S.T. # \_\_\_\_\_

Nature of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

**PRINCIPALS NAMES & POSITIONS**

1) Name \_\_\_\_\_ Position \_\_\_\_\_

2) Name \_\_\_\_\_ Position \_\_\_\_\_

**TRADE REFERENCES (Attach or list below)**

1) Name \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

2) Name \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

3) Name \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

**TERMS OF SALE**

Payment is due 30 days from date of invoice. Interest on overdue accounts will be charged at the rate of 1 and ½% per month.

**CONSENT CLAUSE:**

I hereby authorize *Allworld Packaging Supplies Ltd.* to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

I have read the above terms of sale and consent clause and hereby agree to them.

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



For office use only:

Date Approved \_\_\_\_\_ By \_\_\_\_\_

Customer # \_\_\_\_\_ Credit Limit \_\_\_\_\_

Introduced By \_\_\_\_\_

\*Please return via fax 604-254-4987 to the attention of Bonnie Gulbransen.

**PROVINCIAL SALES TAX CERTIFICATE**

Sales tax regulations require us to charge sales tax unless this form is returned to us. If you qualify for sales tax exemption on purchase of goods and do not submit a written order in each case with the required certificate, please complete this form signed by an authorized officer and return it to *Allworld Packaging Supplies Ltd.*

Thank you very much.

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To: Allworld Packaging Supplies Ltd.

**PROVINCIAL SALES TAX**

I/We certify that the goods which we will purchase from *Allworld Packaging Supplies Ltd.*

\_\_\_ Are for the purpose of resale without use.

\_\_\_ Are to be incorporated into the products we manufacture for resale.

P.S.T. License # \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_