

COMPANY INFORMATION

Full Company Name:

Business Type:

 Corporation Trade Name/Sole Proprietorship Partnership

Corporate Access Number (CAN):

Company MVID:

Estimated Size of Fleet:

Registered Company Address:

Street

City

Province

Postal Code

BANK INFO

Bank	Transit	Account	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Contact Name:

Primary Contact Email:

Primary Contact Phone:

TERMS

This account agreement may be terminated by East Calgary Registry Inc. or by the Company at any time, without notice and with no penalty beyond payment in full of account balance. East Calgary Registry Inc. will not be responsible for any loss of business or other damages the company may incur as a result of using the services of East Calgary Registry Inc. The company and its authorized individuals are responsible for verifying any registrations or reports upon receipt and for informing East Calgary Registry Inc. immediately of any errors or omissions.

Payment will be by cash, debit or cheque. Please contact the account manager to set up EFT. Credit card payment is available with additional 3% fee. Statements are generated on the first of each month for the previous month and payment will be required in full within 30 days of statement date. Late payments are subject to a monthly financing charge of 2% per month.

Statements are sent by email. Please provide the name, email and phone number for the person responsible for accounts payable at your company, if different from the Primary Contact.

A/R Contact Name:

A/R Contact Email:

A/R Contact Phone:

By signing below, the applicant

- Affirms that he/she has the authority to sign on behalf of the company and to enter into a credit agreement with vendors
- Agrees to all the terms in this account agreement
- Agrees that the Company will be responsible for any charges incurred by the applicant, the primary contact or any others authorized at a future date by the applicant

Full Name:

Title/Position:

Email:

Phone:

Driver's License Number:

Applicant Signature:

Please email this form to: accounts@eastcalgaryregistry.com or fax it to 403 272-7037