



bcceilings.com

604-278-2330  
Phone

604-278-2380  
Fax

**Legal name  
and complete  
address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_  
In Business Since: \_\_\_\_\_  
In Present Location Since: \_\_\_\_\_  
PST Exempt #: \_\_\_\_\_  
P.O. required? yes \_\_\_\_\_ no: \_\_\_\_\_  
Expected Monthly Purchases: \$ \_\_\_\_\_

**Principals  
names and  
addresses:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
SIN: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
SIN: \_\_\_\_\_

**Name and  
address of  
bank:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Account #: \_\_\_\_\_

**Trade  
References:**

Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Payment Terms: Net 30th of  
the month following**

**Credit Agreement**

I/We request to establish credit privileges with Canadian Acoustical Ceiling Supply Ltd. and agree to pay for all purchases in accordance with the above terms of sale. I/We further agree to pay a service charge on any amounts past due calculated at 2% per month or 24% per annum, and to pay all collection expenses, including legal costs which may be incurred by Canadian Acoustical Ceiling Supply Ltd.. to collect such overdue accounts. I/We certify the above information to be correct. Further, I/we authorize Canadian Acoustical Ceiling Supply Ltd. to obtain credit reports or other information as deemed necessary on the applicant or it's principals in connection with the maintenance and collection of this credit account or for any other business reason.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Date: \_\_\_\_\_

**Personal Guarantee**

I/We **personally guarantee** to meet all liabilities incurred by the above named persons/company. Further, I/we authorize Canadian Acoustical Ceiling Supply Ltd. to obtain credit reports or other information as deemed necessary on the applicant or it's principals in connection with the maintenance of this account and collection or for any other business reason.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Date: \_\_\_\_\_