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 Toll Free Tel: 1-800-572-1102
 Toll Free Fax: 1-800-572-1103
 email: sales@printfastic.com

Please fill out completely and mail or fax immediately.

Date: ____/____/____ **Customer / Credit Application Form**

Business Name: _____

Legal Business Name: _____

Incorporated Partnership Proprietorship

Billing Address: _____

City: _____

Tel: (____) _____ - _____ Prov: _____ PC: _____

Pager: (____) _____ - _____ Fax: (____) _____ - _____

Cell: (____) _____ - _____ email: _____

Printing Purchaser / Contact: _____ Years In Business: _____

Purchase Order Required: Yes No PST Exempt: # _____

Credit Application

A/P Contact: _____ Tel: (____) _____ - _____

A/P Address (if different from above): _____

Bank Reference: Name: _____

Address: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Bank Acct #: _____

Vendor Reference: Name: _____

(#1) Address: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Vendor Reference: Name: _____

(#2) Address: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Vendor Reference: Name: _____

(#3) Address: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Preferred Method of Payment: Cash Cheque VISA M/C

Visa #: _____ Expiry Date: ____/____/____

M/C #: _____ Expiry Date: ____/____/____

Name as it appears on card: _____

Approved: Yes No By: _____ Credit Limit: _____ Date: _____

Terms: Net 30 Days from date of invoice

I authorize Printfastic Printing to obtain credit information from the above references and agree to the terms as stated. I certify that the information contained in this application and all future information provided to Printfastic Printing will be true, complete and correct. I certify that I am an authorized signing officer of the company and as such have authority to bind the company.

Signature of Authorizing Officer

Please Print Name

The Authorizing Officer must be one of the following (check (✓) one):

President/Chairman Treasurer Partner Vice-President Owner