

CORPORATE CONTACT INFORMATION			
Date of Application		Date Business Commenced	
Company Name			
Contact Name & Position			
Phone Number			
E-mail Address			
Billing Address			
	<i>Suite</i>	<i>Street</i>	<i>City Province Postal Code</i>
Type of Organization	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Maximum Credit Limit Authorized:	\$ _____		
BUSINESS & CREDIT INFORMATION			
Company Bank			
Bank Address & Phone No			
Bank Account No	Type of Account	<input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Other	
TRADE REFERENCES			
Company Name			
Address & Phone No			
Contact Name & E-mail			
Company Name			
Address & Phone No			
Contact Name & E-mail			
Company Name			
Address & Phone No			
Contact Name & E-mail			
AGREEMENT			
<ul style="list-style-type: none"> • Payment terms are net 30 days from Statement Date. Past due accounts are subject to a \$15 late fee, monthly. • A 2% surcharge will be applied to the total balance of the statement for payments processed on a credit card. • I hereby authorize Windermere Registry to use the credit card listed to pay off any debts that are left outstanding for more than 90 days from date of service provided (for small businesses with no credit history, this term is shortened to 30 days). • I certify that the information contained herein is complete and accurate, and has been furnished with the understanding that is to be used to determine the amount and conditions of the credit to be extended. 			
SIGNATURE			
Authorized Signature			
Name and Title			

*****All Business must have \$ 1,000.00 or more per year in services to have an active account *****

For Internal Purposes Only:
<input type="checkbox"/> Received Credit Card Authorization Form Manager Signature: _____



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Edmonton, Alberta T6W 3G9
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F: 780-424-6885
E: gm@windermeregistry.com

CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Name on the Card: _____

Card Type: VISA MasterCard

Card Number: _____ Expiry Date: ____/____
MM / YY

CVD Number (3-digit number on back of card): _____

Return Method: E-mail Fax Pick-Up

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

I authorize Windermere Registry to use the credit card listed above to pay for the service(s) I have requested.

I hereby authorize Windermere Registry to use the credit card listed to pay off any debts that are left outstanding more than 90 days from the date of service provided.

I certify that I am authorized to use this credit card.

Signature: _____ Date: _____

*****All Business must have \$ 1,000.00 or more per year in services to have an active account *****

For Internal Purposes Only:

Received Credit Card Authorization Form

Manager Signature: _____