



Business Porters Inc.

Professional Porters for your Business needs.

149 SHERWOOD RD, UNIT-4, CHARLOTTETOWN, PE, C1E 0E4 TEL/FAX.902.932.7076

ACCOUNT APPLICATION

ACCOUNT NO.

(OFFICE USE ONLY)

TERMS: 30 DAYS

Please send your application to ar@businessporters.com

REGISTERED COMPANY NAME

TRADE NAME (IF DIFFERENT FROM REGISTERED NAME)

BUSINESS ADDRESS

CITY

STATE/PROV.

ZIP / POSTAL CODE

BILLING / MAILING ADDRESS (IF DIFFERENT)

CITY

STATE/PROV.

ZIP / POSTAL CODE

CONTACT NAME

TELEPHONE NO.

EMAIL

ACCOUNTS PAYABLE CONTACT

TELEPHONE NO.

EMAIL

YES NO

DO YOU REQUIRE A P.O.?

FAX NO.

DATE INCORPORATED

ANNUAL REVENUE

CREDIT LIMIT REQUESTED

TYPE OF BUSINESS

MONTHLY ESTIMATED SHIPMENT AMOUNT

BANK NAME

BANK ACCOUNT NO.

BANK ACCOUNT CONTACT REFERENCE

BANK ADDRESS

CITY

STATE/PROV.

ZIP / POSTAL CODE

TELEPHONE NO.

FAX NO.

EMAIL

TRADE REFERENCE #1:- COMPANY NAME

CONTACT NAME

TELEPHONE NO.

FAX NO.

EMAIL

TRADE REFERENCE #2:- COMPANY NAME

CONTACT NAME

TELEPHONE NO.

FAX NO.

EMAIL

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OPENING ACCOUNT \ OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE BUSINESS PORTERS INC. TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT OR FINANCIAL RESPONSIBILITY. I/WE UNDERSTAND THAT THE TERMS BY WHICH BUSINESS PORTERS INC. GRANTS CREDIT REQUIRES PAYMENT IN FULL WITHIN 30 DAYS.

SIGNATURE OF AUTHORIZED APPLICANT

PRINT NAME

TITLE

BUSINESS PORTERS NOTES (OFFICE USE ONLY)

ACCOUNT / SALES MANAGER

CREDIT MANAGER

DATE PROCESSED

NOTES