

180 West 3rd Avenue, Vancouver, BC, Canada V5Y 1E9

Dispatch: (604) 688-9918

DRIVER

Admin: (604) 688-5148 Fax: (604) 688-0362

Email: sales@vancitycourier.com Website: www.vancitycourier.com

## **ACCOUNT APPLICATION**

CHART

Contact Person (person placing orders)				Hours of Operation					
Online Username (will be assigned)				Telephone/ Facsimile					
Online Password (will be assigned)				Email					
Registered Name of Business				Nature of Business/ Year Started					
Shipping Address					City/ Province			Postal Code	
Billing Address (if different from above)					City/ Province			Postal Code	
Accounts Payable Contact Person			Email Address (bi		illing)	Account Pa		ayable Telephone	
Bank Name			Bank Address						
Bank Account Number (max. 12 digits			Branch N		h Number (5 digits)		Bar	Bank ID# (3 digits)	
Credit I	References								
Company Name			Cont		act Person		Phone Number		
1)									
2)									
Method of Billing						Billing Cycle			
Email Billing: Send invoice by e			email and payment via c		ent via cheque		Weekly		
Call in Payment via Credit Card							Semi-Monthly		
Pre Authorization by Credit Card & Ema				l Billiı	ng		Monthly		
Credit Card Number			Visa			Requested Credit Amount:			
			Master		1				
Name of Cardholder Ex		Expi	xpiry (MM/YYY)						
ditions.	that all the information provided I I understand failure to comply wit s) shall be debited directly to the a	h payment	t terms will ca			-	_	istic Services Inc's terms and con- any accumulated cost (including	
Print Name:					Date:				
Title:					Signature:				
FOR OFFICE USE ONLY (PLEASE DO NOT WRITE IN THIS AREA)									
ZONE		A	APPROVED BY			REI	REPRESENTATIVE		

RATE