



Laser Printer Sales, Service & Supplies Since 1990

Please Print and Complete
This Form and Fax or
Email To Apply for Credit

265 RIMROCK RD. #6
Toronto, ON M3J 3C6
(T) 416-638-0975
(F) 416-638-0977
sales@laserspeed.com

APPLICATION FOR ACCOUNT

Legal Name _____

Trade Name _____

Billing Address _____

Address _____

City _____ Province _____ Postal code _____

Phone Number _____

Fax Number _____

E-mail _____

Business Type _____

OwnerName _____

Date established under present ownership _____

Number of Employees _____

GSTNumber _____

PST Number _____

BANK REFERENCES

Bank _____	Branch _____	Account Number _____
Address _____	city _____	Province _____ Postal Code _____
Phone Number _____	Fax Number _____	Contact _____

TRADE REFERENCES

Name _____	Name _____	Name _____
Doing Business Since _____	Doing Business Since _____	Doing Business Since _____
Phone Number _____	Phone Number _____	Phone Number _____
Fax Number _____	Fax Number _____	Fax Number _____

Please indicate anticipated monthly purchases from LaserSpeed Inc.

_ \$500 • \$1,000 _ \$1,000 • \$5,000 _ \$5000.00 & over

LaserSpeed Use Only

Credit Approved _____

Credit Terms C.O.D. 15 Days 30 Days

Should it become necessary to place the account with a collection agency or attorney, the applicant agrees to pay all collection costs and attorney fees in addition to all other sums due. The undersigned warrants that the above agreement has been carefully read and the applicant understands the same.

The information and statements in this application are true and complete and are made for the purpose of including LaserSpeed Inc. to establish a line of credit. I authorize LaserSpeed to obtain any information it considers necessary, from any source, to verify the statements in this credit application.