



ACCOUNT APPLICATION
CUSTOMER INFORMATION

800 Viewfield Rd.
Victoria, BC V9A 4V1
Tel: 250-384-0565 800-735-3433
Fax: 250-384-2553 888-835-3955

Legal Company Name _____ Phone _____ Fax _____

Operating Name _____

Billing Address _____

Shipping Address _____

Website Address _____

Nature of Business _____ # of Years in Business _____

GST # _____ PST # _____

Accounts Payable Contact _____ Phone _____ email _____

Purchasing Contact _____ Phone _____ email _____

Supplier References:

Company _____ Address _____ Phone _____

Company _____ Address _____ Phone _____

Company _____ Address _____ Phone _____

Do you require PO's? Yes No

Would you like to be set up on our online ordering system, MyCips? Yes No

Are you interested in receiving flyers / specials via email? Yes No email

Do you require a monthly statement? Yes No If yes, email mail

Credit Card payment? Yes No Card Name and Number _____ Expiry Date _____

How do you wish to pay if by credit card? Each invoice at invoice date Statement balance at statement date

Authorized Buyers: _____

Monthly Estimated Purchases: \$100 \$250 \$500 \$1000 >\$1000 _____ Number of office staff: _____

How did you first find out about Monk Office? _____

Owners / Officers Information:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

TERMS & CONDITIONS

TERMS: NET 30 DAYS FROM DATE OF INVOICE OR PAYMENT BY CREDIT CARD, carrying charges of 2% per month on invoices outstanding over 30 days. I hereby authorize MONK OFFICE SUPPLY LTD. to obtain such reports or information as may be deemed needed in connection with this application. This consent is given pursuant to SECTION 12 of the PERSONAL INFORMATION ACT OF BC. The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills within 30 DAYS from date of invoice or as otherwise expressly agreed.

Authorized Signature _____ Title _____

Print Name _____ Date _____