



Credit Application

Full Legal Company Name

Trade Name

Billing Address:

City: _____ Postal Code: _____

Phone: _____

Shipping Address: _____

▪ Purchaser Name: _____

E-mail Address: _____

▪ A/P Contact Name: _____

E-mail Address _____

G.S.T. # _____ Years in Business: _____

Nature of Business: _____

Purchase Order Required:



Trade References

1. Name: _____

E-mail: _____ Phone _____

Address: _____

2. Name: _____

E-mail: _____ Phone _____

Address: _____

3. Name: _____

E-mail: _____ Phone _____

Address: _____

Terms of Sale

Payment is due 30 days from date of invoice. Interest on overdue accounts will be charged at the rate of 2% per month.

After several delays in the payment of invoices, the customer may lose the right to pay within 30 days.



Consent Clause:

I hereby authorize Allworld Packaging Supplies Ltd. to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

I have read the above terms of sale and consent clause and hereby agree to them.

Accounts Payable Signature: _____

Date: _____

Name: _____

(Please print)

*Please, return via e-mail: popaliviano@allworldpackaging.com

Fax Number: 604-254-4987

Main Number: 604-253-5577