



Legal Name of Company: _____

Trade Name (if different): _____

Proprietorship: _____

Partnership: _____

Corporation: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

Fax: _____

Are branch companies in operation? If so, provide details on separate sheet.

Names of Owners, Partners or Officers of the Company:

Name and Position

Home Address

Telephone

Name and Position	Home Address	Telephone

Type of business: _____

Date established: _____

Special billing instructions: _____

Contact person for payment of invoice (name, position and direct telephone number):

Bank: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Contact: _____

Telephone: _____

Account No.: _____

How long at this branch?: _____



Credit References

List three of your principal suppliers, with contact name, address and phone number. Indicate how long you have dealt with each supplier.

1. _____

2. _____

3. _____

Terms and Conditions

- Terms of payment: Net upon receipt of invoice.
- A late payment charge of 1% per month will be charged on any account having a balance older than 45 days from invoice date.
- The customer hereby agrees to pay all costs of collection and/or legal fees connected with this account should such action be necessary due to non-payment.
- Rates and Conditions must be signed by authorized supervisor/contact person before employee reports for work, and must be faxed/emailed back to Help Unlimited.
- All time sheets must be signed by authorized supervisor.
- Rates and Conditions shall constitute a binding contract between Help Unlimited and the applicant.

The undersigned hereby authorizes Help Unlimited, a division of 1383016 Ontario Inc., to obtain, hold and update from time to time all relevant information relating to the present application, including a credit investigation from an authorized credit reporting agency.

The undersigned acknowledges having read the terms and conditions above and understands and agrees with such terms and conditions.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____