

SURFACE.

SURFACE EXTERIORS LTD
#312 – 1201 COMMERCIAL WAY
SQUAMISH BC V8B0V1
PH: 604-938-3538
E: ACCOUNTING@SURFACEEXTERIORS.COM

ACCOUNT APPLICATION

REGISTERED COMPANY NAME		
NAME OF APPLICANT	PHONE	
MAILING ADDRESS		
EMAIL ADDRESS		
BUSINESS STRUCTURE <input type="radio"/> CORPORATION <input type="radio"/> PARTNERSHIP <input type="radio"/> PROPRIETORSHIP	TYPE OF BUSINESS <input type="radio"/> CONTRACTOR <input type="radio"/> HOME BUILDER <input type="radio"/> OTHER	PURCHASE ORDERS REQUIRED <input type="radio"/> YES <input type="radio"/> NO
INCORPORATION #	GST #	PST EXEMPT <input type="radio"/> YES <input type="radio"/> NO

OWNERS, PARTNERS, OFFICERS

NAME	TITLE	BIRTHDATE
SIN#	ADDRESS	
NAME	TITLE	BIRTHDATE
SIN#	ADDRESS	

BANK REFERENCE

BANK	ADDRESS	
ACCOUNT #	PHONE	MANAGER

TERMS & CONDITIONS

The Applicant hereby applies for an account with Surface Exteriors Ltd (the "Supplier") regarding the supply by the Supplier to the Applicant of services and/or materials (the "Credit Account"). All invoices are due and payable upon receipt of ordered goods. The applicant will make payment to the Supplier for the invoice amount of all materials services supplied by the Supplier via authorized credit card information provided on page 2 of this application. The undersigned acknowledges and agrees that by providing their credit card information within this application, they authorize the Supplier to obtain monies due on their account. please note all credit card numbers provided are strictly confidential to the establishment and maintenance of any and all credit extended by the supplier.

AUTHORIZED SIGNATURE	COMPANY NAME
NAME & POSITION	DATE

PLEASE NOTE THAT YOU CAN EMAIL THIS FORM TO ACCOUNTING@SURFACEEXTERIORS.COM, BUT WE MUST RECEIVE THE ORIGINAL

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CREDIT CARD AUTHORIZATION FORM

I, _____, AUTHORIZE SURFACE EXTERIORS LTD. TO PROCESS AND SAFELY STORE MY RECURRING CREDIT CARD INFORMATION. SURFACE EXTERIORS LTD. IS GIVEN THE AUTHORITY IN THE APPLICATION OF COSTS TO THE ABOVE REFERENCED CREDIT CARD ACCOUNT AS NECESSARY. THE COSTS APPLIED TO THE ABOVE REFERENCED CREDIT CARD ACCOUNT ARE ACCEPTED TO BE A RESULT OF A PRODUCT SALE, GOODS, OR SERVICES DELIVERED. THIS RECURRING TRANSACTION DOCUMENT IS VALID FOR A PERIOD OF 12 MONTHS AFTER THE AGREEMENT IS SIGNED AND CAN BE REVOKED AT ANY TIME BY THE CARDHOLDER BY WRITTEN REQUEST.

(PLEASE NOTIFY US OF ANY CHANGES TO YOUR CREDIT CARD INFORMATION PRIOR TO THE DATE PAYMENT IS DUE)

CARD TYPE	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA DEBIT
NAME ON CARD			
CARD NUMBER		EXPIRATION (MM/YY)	
CVV CODE (LOCATED ON BACK OF CARD)		CANADIAN REQUIREMENT FOR ALL CREDIT CARD MERCHANTS EFFECTIVE OCTOBER 13, 2018 ALL MERCHANTS MUST CAPTURE THE CVV AND INCLUDE IT IN THE AUTHORIZATION	
MAILING ADDRESS OF CARD			
CITY	PROVINCE	POSTAL CODE	

CREDIT CARD RECEIPTS WILL BE EMAILED TO: _____

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CARDHOLDER'S SIGNATURE	COMPANY NAME
CARDHOLDER'S NAME	DATE

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