**COMPANY INFORMATION**

Legal Name Operating As

Business Type  Proprietorship  Partnership  Corporation

Street Address

Address 2

City Prov. Postal Code

Year Established Business Number

**CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Accounts Payable | Controller | Account Manager |
| Name |  |  |  |
| Phone # |  |  |  |
| Fax |  |  |  |
| Email |  |  |  |

**TRADE REFERENCES**

|  |  |  |
| --- | --- | --- |
| Company Name | Address | Contact Number |
|  |  |  |
|  |  |  |

**BANK REFERENCES**

|  |  |  |
| --- | --- | --- |
| Bank Name | Bank Address | Account Number |
|  |  |  |

**PAYMENT INFORMATION**

|  |  |
| --- | --- |
| Special Billing Instructions |  |

Payment Method  Wire/EFT  Certified Cheque Monthly Credit Requested \_\_\_\_\_\_\_\_\_\_\_\_\_

The account holder agrees to the terms under which GMS Technology grants credit are due and payable within 30 days from date of invoice unless agreed to in writing. Payment is not to be withheld for claims or any other reason without prior written consent from GMS Technology Inc. Any discrepancies in changes must be reported upon receipt of invoice. Accounts exceeding 60 days may be placed on hold and interest of 2% to be calculated at 24% per annum may be charged onto the unpaid balance. Delinquent accounts are subject to cancellation without notice with subsequent third party action. I hereby authorize GMS Technology Inc. to obtain required credit reports or other information deemed necessay in connection with establishing and/or maintaining a line of credit. The services shall be provided pursuant to our terms and conditions of service available at [www.gmstechnology.ca/terms-conditions/](http://www.gmstechnology.ca/terms-conditions/)

AUTHORIZED SIGNING OFFICER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward signed copy to info@gmstechnology.ca