



Opus Art Supplies
 Mail Order & Account Services
 3445 Cornett Road
 Vancouver BC V5M 2H3
 Phone: 1-800-663-6953 ext. 1
 www.opusartsupplies.com

CREDIT APPLICATION

For Businesses / Charitable Organizations / Independent Schools

**Please fax completed form to 604-435-9941
 or email to sales@opusartsupplies.com**

APPLICANT INFORMATION

Operating Name _____

Business Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____ Email _____

Corporation Partnership Sole Proprietorship Number of years in business _____

AUTHORIZED ACCOUNT USERS

1. Name _____ Department _____ PO Required? Yes No

2. Name _____ Department _____ PO Required? Yes No

3. Name _____ Department _____ PO Required? Yes No

Please list any additional Authorized Account Users on a separate sheet and submit with your Credit Application.

CREDIT REFERENCE (Minimum 6 months)

1. Vendor Name _____ Address _____

Contact Name _____ Phone _____ Fax _____

2. Vendor Name _____ Address _____

Contact Name _____ Phone _____ Fax _____

3. Vendor Name _____ Address _____

Contact Name _____ Phone _____ Fax _____

FINANCIAL INSTITUTION

Bank _____ Address _____

Bank Manager _____ Phone _____ Fax _____

I agree to the terms of sale which are: Net 30 days from the date of the invoice and 2% per month service charge thereafter on overdue balance. A \$25 charge will be added to all NSF payments.

Name (please print) _____ Title _____

Signature _____ Date _____

| | | |
|-----------------------------------|-------------------------------------|--|
| OFFICE USE ONLY | | |
| <input type="checkbox"/> Accepted | Date _____ By _____ | Applicant Notified? |
| Customer # _____ | Credit Limit _____ Acct. Type _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Denied | Reason _____ | By _____ |