



imprint plus

free your identity

Application to Open an Account

Imprint Plus® Sales Representative: <Melissa Chamberlain

Company Name: _____

Dbas: _____

Address: _____

Contact: _____ E-mail: _____

Phone: _____ Fax: _____

Business Address if different than above:

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Is your business a subsidiary or franchise: Yes: ___ No: ___

If yes, then name of parent company/franchiser:

HEAD OFFICE 21320 Gordon Way, Unit 260
Richmond, BC | V6W 1J8 | Canada
tel: 604.278.7147 fax: 604.278.7149
toll free: 800.563.2464

130 Bridgeland Ave. Suite 203
Toronto, ON | M6A 1Z4 | Canada
tel: 416.229.2089 fax: 416.229.2050
toll free: 888.563.2464

UNITED STATES
C/O Door A37
1201 C Street NW
Auburn WA 98001

Information for corporate officers, partners or individual proprietor:

1. Name & Title: _____

2. Name & Title: _____

Bank Information:

Name of Bank: _____ Branch: _____

City: _____ Country: _____

Account No: _____ Bank Officer: _____

Phone: _____ Fax: _____

Business Credit References: Please provide 3 business credit references

1. Name: _____ Phone: _____

Address: _____ Fax: _____

2. Name: _____ Phone: _____

Address: _____ Fax: _____

3. Name: _____ Phone: _____

Address: _____ Fax: _____

Self-assessed Sales Tax Exemption Information

(Please complete this form, or attach valid tax exemption certificate)

Application for Tax exemption

Purchaser hereby certifies to Imprint Plus[®] that:

1. Canadian Applicant holds a valid Provincial Sales Tax Exemption Certificate Number

PST Exemption Certificate #: _____

2. American Applicant holds a valid Federal ID Number

FIN/IRS#: _____

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This certificate shall be considered a part of each order we process, unless such order specifies otherwise.

3. The undersigned applicant further certifies that purchaser will assume liability for the payment of any tax that may be due if any transaction is not exempt from such tax.

Please read the following carefully and sign:

Applicant agrees to pay according to Imprint Plus' terms of net 30 days from date of invoice. All accounts are due and payable at the remittance address on the invoice. Applicant acknowledges that a service charge will accrue on the basis of 2% per month, or the maximum amount allowed by law, on balances, which have not been paid within thirty days following the invoice date. An additional service charge, computed on the same basis, will be due and payable every thirty (30) days. In the event that Imprint Plus commences litigation or employs attorneys in order to secure payment of any sums due to it from applicant, the applicant agrees to pay the legal fees in addition to all other sums due. The undersigned warrants that the above agreement has been carefully read and the applicant understands the same, and that the venue of such suit will be in Vancouver, BC.

Applicant authorizes Imprint Plus to obtain credit and financial information concerning the applicant at any time and from any source.

Name of Applicant: _____

Title: _____

Company Name: _____

Authorized Signature: _____

Date: _____

Please sign and fax the completed form to:

Attn: Simon Shay/Controller

Fax: (604) 278-7149

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