

**COMPANY INFORMATION**

Company Name: _____	HST # _____
Address: _____	D-U-N-S # _____
City: _____ Province: _____	Postal Code: _____
Phone: _____ Fax: _____	Website: _____
Accounts Payable Contact: _____	E-Mail: _____

PRINCIPALS AND OFFICERS OF THE COMPANY

Name: _____	E-Mail: _____	Position: _____
Address: _____		
Name: _____	E-Mail: _____	Position: _____
Address: _____		

NAMES OF PERSONS AUTHORIZED TO CHARGE ON THIS ACCOUNT

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BANK REFERENCE

Bank: _____	Address: _____
Account #: _____	Contact: _____ Phone: _____

TRADE REFERENCES PLEASE PROVIDE 3 FOR CREDIT TERMS

Company Name: _____	Contact: _____
Phone: _____ Fax: _____	Address: _____
City: _____	Province: _____ Postal Code: _____
Company Name: _____	Contact: _____
Phone: _____ Fax: _____	Address: _____
City: _____	Province: _____ Postal Code: _____
Company Name: _____	Contact: _____
Phone: _____ Fax: _____	Address: _____
City: _____	Province: _____ Postal Code: _____

OUR TERMS OF BUSINESS

All invoices are NET 30, or past due thereafter. All accounts past due will be subject to a finance charge of 2% per month. Applicant accepts the responsibility, ability, and willingness to pay our invoices in accordance with the above terms. Should the above terms not be met as agreed upon, the applicant agrees to pay reasonable attorneys fees plus interest.

I AUTHORIZE QUEST AUDIO VISUAL AND THEIR AGENTS TO MAKE THE USUAL CREDIT INQUIRIES FROM TIME TO TIME REGARDING THE CREDIT HEREBY APPLIED FOR. I CONSENT TO THE DISCLOSURE OF ANY INFORMATION CONCERNING THE ABOVE APPLICANT TO ANY CREDIT OPERATIONS AGENCY, PERSON OR FIRM WITH WHOM THE UNDERSIGNED OF ABOVE APPLICANT MAY HAVE FINANCIAL RELATIONS.

AUTHORIZED SIGNATURE: _____ POSITION: _____

PRINT NAME: _____ DATE: _____