



**Company Information**

Company Name / Individual	_____		
Company Address	_____		
	City: _____	Province: _____	Postal code: _____
Company Contact	Phone: _____	Fax: _____	
Mailing address	_____		
<i>If different from above</i>	City: _____	Province: _____	Postal code: _____

**Business Information**

Nature of Business	_____		
# of years in Business _____	Corporation _____	Partnership _____	Sole Proprietorship _____

**Key Personnel**

<i>Owners / Directors</i>			
Full Name: _____	DOB: _____	Position: _____	
MMM/DD/YY			
Address: _____			
City: _____	Province: _____	Postal code: _____	
Phone: _____	Driver's License: _____		
Full Name: _____	DOB: _____	Position: _____	
MMM/DD/YY			
Address: _____			
City: _____	Province: _____	Postal code: _____	
Phone: _____	Driver's License: _____		
<i>Accountant</i>	Name: _____	Direct contact # _____	
<i>Purchaser</i>	Name: _____	Direct contact # _____	
<i>Safety Advisor</i>	Name: _____	Direct contact # _____	
<i>Purchase orders required</i>	Y _____	N _____	(please circle one)
<i>Payment by:</i>	Statement _____	Invoice _____	(please circle one)

**Banking Information**

Bank Name: _____	Phone number: _____
Bank Address: _____	Fax number: _____
City: _____	Province: _____
Postal Code: _____	Contact name: _____
Credit Limit required: _____	

**Vendor Credit References**

*Do not include finance companies, banks, fuel or credit card accounts*

1 Company name: _____	Phone number: _____
City: _____	Fax number: _____
2 Company name: _____	Phone number: _____
City: _____	Fax number: _____
3 Company name: _____	Phone number: _____
City: _____	Fax number: _____
Terms and conditions	
All invoices are to be paid Net 30 days	
There are to be no deductions, holdbacks or offsets of any kind from the amount billed unless prior authorization is obtained	
A service charge of two percent per month (24% per Annum) is charged on all past due amounts	
Failure to comply with the above terms and conditions will result in cancellation of credit privileges with Dynamic Safety Solutions a division of Communications Group Ltd.	
I/We have read and agree to comply with the above terms and conditions and authorize Dynamic Safety Solutions to pursue a credit investigation.	
Authorized signature: _____	Title: _____
Print Name: _____	Date: _____