



**Business Information**

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Registered business name:

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Street Address:                      City:                      Province:                      Postal Code:

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Phone:                      Cell:                      Fax                      Website Address:

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Billing Address (if different):

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Business Type:     Corporation     Partnership     Limited Partnership     Proprietorship

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Year Business Established:                      G.S.T. #

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PST Exempt #:                      Reason for Exemption:

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A/P Contact:                      Phone:                      Email:

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P.O. Required:         Yes         No

**Company Principals/ Officers**

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Principal/Officer/Owner:                      Title:

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Address:                      Phone:

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Principal/Officer/Owner:                      Title:

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Address:                      Phone:

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Principal/Officer/Owner:                      Title:

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Address:                      Phone:

**Banking Information**

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Name/Branch:                      Address:

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Bank Account #:                      Contact Name:                      Phone:

**Credit**

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1. Company Name:	Contact Name:	
Address:	Email:	Phone:
2. Company Name:	Contact Name:	
Address:	Email:	Phone:
3. Company Name:	Contact Name:	
Address:	Email:	Phone:

**Payments**

TERMS OF SALE: TERMS OF SALE ARE NET 30 DAYS FROM DATE OF INVOICE, and shall include Goods and Services Tax. All invoices not paid by the 31st day from the invoice date will be considered PAST DUE and may cause interruption of your credit extension unless arrangements are made with our credit department. Application authorizes the creditor to make inquiry of financial and related matter for the purpose of qualifying Applicant for line of credit. It is understood that credit application and account agreement in no way obligates **Agile Staffing** to extend credit to the undersigned or its company. In the case suit or action is commenced to collect on any past due invoices, Applicant agrees that Agile Staffing shall have the right to bring suit against the Applicant and if this occurs Applicant agrees to pay the cost of the collection including reasonable fees. Applicant further agrees that the venue of any suit may be laid in the appropriate court in the Province of business and the laws of the Province of business shall apply in regard to any collection proceedings for the Past Due invoices. Applicant understands that Past Due balances may be subject to a finance charge of 2% per month or 24% per annum as may be regulated by Provincial or Federal legislation and agree to pay said charges. By Execution of this application, and upon its acceptance by **Agile Staffing**, the undersigned agrees to be bound by **Agile Staffing** Terms and Conditions of line of credit now existing (as printed on both sides of this form hereof) and as hereafter amended. The undersigned also authorizes the above named bank to release credit information to **Agile Staffing** relating to this application.

To receive invoices electronically, please provide your email address below.

Email: \_\_\_\_\_

**Declaration**

I, \_\_\_\_\_, residing at \_\_\_\_\_ for consideration of your extending credit at my request to \_\_\_\_\_ (hereinafter referred to as the "Company") of which I am \_\_\_\_\_ hereby personally guarantee to you the payment of any obligation of the company, and I hereby agree to bind myself to pay you on any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I hereby authorize **Agile Staffing** to charge any outstanding amounts to the below credit card.

<b>Signature:</b>	<b>Dates:</b>
_____	_____

**Credit Card Information**

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Credit Card #:	Exp. Date:
Name on Card:	
Persons Authorized to Charge:	

Please send complete application to [info@agilestaffing.ca](mailto:info@agilestaffing.ca)