

CREDIT APPLICATION

777 Fort Street • Victoria, BC V8W 1G9
Tel: (250) 386-3333 • Fax: (250) 386-3312

COPY PLUS CENTRE
DOWNTOWN

COMPANY INCOMPLETE OR UNSIGNED APPLICATIONS CANNOT BE PROCESSED

Legal Name _____
Trade Name (if other than above) _____
Street Address _____
City _____ Province _____ Postal Code _____
Phone () _____ Fax () _____ Attention _____
Type of Business _____ How long in Business? _____
Business Property: Owned Rented
Company is a: Sole Proprietorship Partnership Incorporated

OWNERS

Officers:

Title	Name	Home Address	Home Telephone
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

BANK

Bank _____ Bank Phone No. () _____
Bank Address _____
Bank Manager _____ Account No. _____

PRESENT TRADE SUPPLIERS

1. Name _____ Phone () _____
Address _____
2. Name _____ Phone () _____
Address _____
3. Name _____ Phone () _____
Address _____

PERSONAL GUARANTEE

(THE SIGNING OF THIS PERSONAL GUARANTEE WILL EXPEDITE CREDIT PROCESSING)

To induce Copy Plus Centre to approve this Credit Application dated _____ and in consideration of doing so, we, the undersigned guarantors, do hereby jointly, severally and personally guarantee the payment, observance and performance of said Credit Application by _____ (the "Purchaser") and hereby agree to indemnify Copy Plus Centre against any and all damage, loss, expense (including legal fees and expenses) and/or liability sustained by Copy Plus Centre by reason of, or related to, the Purchaser's failure to perform or to pay when due, charges incurred in accordance with the said Credit Application. Copy Plus Centre may enforce this agreement against the undersigned or any of them, jointly or severally, whether or not any action is ever taken by it against the Purchaser.

Terms are net 30 days. All outstanding balances will be charged at the rate of 2% per month (24% per annum).

A charge of \$20.00 will apply for all NSF cheques.

_____ Signature of Witness	_____ Signature of Guarantor	_____ Date
_____ Name of Witness (Please Print)	_____ Name of Guarantor (Please Print)	
_____ Address		_____ Telephone