

ATRIPCO DELIVERY SERVICE

New Account Set Up Form



"Nothing Is Impossible"

Company name: _____ Phone: _____
Address: _____ E-mail: _____

Other: _____
(Director of finance) Owner: _____ # of years in business: _____
Type of business: _____ Business hours: _____

Person to contact for payment: _____ Phone: _____
_____ E-mail: _____
Person to contact for shipping/receiving: _____ Phone: _____
_____ E-mail: _____

I prefer to pay my invoice by:
(mark X in the box)

Electronic fund transfer (eft)* - ar@atripcoco.net will send information.
 Credit card online - www.atripcoco.net - pay now tab
 Credit card on file - AR will call me and ask for my credit card
 Cheque - Mailed to 34 Canmotor Ave, Etobicoke, Ont, M8Z 4E5

ESTABLISHED CREDIT REFERENCES (3 SUPPLIERS)

Company and address:	Acct #:	Phone #:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Average credit needed per month \$: _____ We agree to be bound by the following terms of payment. Payments are due upon receipt of statement, and interest may be charged on overdue amounts at the rate of 2%.

Signature: _____ Title: _____ Date: _____

OFFICE USE ONLY

SALES NOTES

Services: Messenger _____ Overnight: Next Day _____ E-Commerce _____ Bulk _____ Distribution _____
Sales Person _____ Special notes: _____

ACCOUNTING NOTES

Credit check: _____
Account # given: _____ Date commenced: _____
Account authorized by: _____
Print name Signature Date