

ATRIPCO DELIVERY SERVICE

New Account Set Up Form



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)

<input type="checkbox"/>	Electronic fund transfer (eft)* - ar@atripcoservice.com will send information.
<input type="checkbox"/>	Credit card online – www.atripcoservice.com - pay now tab
<input type="checkbox"/>	Credit card on file – AR will call me and ask for my credit card
<input type="checkbox"/>	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
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