



#20060803

# Luscan Group

Your Leading Source of Promotional Items!

Suite 628, 101-1001 West Broadway  
Vancouver, BC, V6H 4E4 Canada

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FAX: 1-866-348-2694 Web: www.luscangroup.com E-mail: sales@luscangroup.com



## NEW ACCOUNT & CREDIT APPLICATION

Name of the Company: \_\_\_\_\_

Type of Business:  Corporation  Partnership  Proprietor

Are you exempt from: PST ?  No  Yes Exemption/PST #: \_\_\_\_\_

GST?  No  Yes Exemption/GST #: \_\_\_\_\_

Requested Credit Amount: \$ \_\_\_\_\_

Year Business Established: \_\_\_\_\_

Yearly marketing budget for promotional items: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Website: \_\_\_\_\_

### Billing Address (if different from above):

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Purchasing Contact(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ ext \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

I would like to subscribe to Luscan Group email newsletter for special offers

### Credit/Accounts Receivables

Contact Person(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ ext \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Banking Information**

Name of the Bank: \_\_\_\_\_

Account#: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ext \_\_\_\_\_ Fax: \_\_\_\_\_

**Credit References**

1. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ext \_\_\_\_\_ Fax: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ext \_\_\_\_\_ Fax: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ext \_\_\_\_\_ Fax: \_\_\_\_\_

4. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ext \_\_\_\_\_ Fax: \_\_\_\_\_

**Conditions:**

- \* Invoices shall be paid 30 days NET
- \* Monthly interest charges of 1.5% (18% per annually) are owed on all invoices unpaid after more than 30 days
- \* Orders bigger than your credit limit will be subject to pre-payment
- \* All of the information provided herein and above by applicant are true and accurate
- \* All information in this document is confidential and will not be shared to third parties

**Signature of Authorized Person:** \_\_\_\_\_

**Name (PRINT):** \_\_\_\_\_

**Date:** \_\_\_\_\_

PLEASE FAX THIS APPLICATION BACK TO US @ 1-866-348-2694

[www.luscangroup.com](http://www.luscangroup.com)

<b>FOR OFFICE USE ONLY</b>	
<b>Application Received</b>	
<b>Application Accepted</b>	
<b>Credit Limit:</b>	
<b>Notes:</b>	
<b>Application reviewed by:</b>	