

Absorb Science Inc.



www.absorbscience.com

Credit Application Form

Fax completed form to : (604) 929-6786

(* required fields)

Customer Information:

*Full Legal Business Name: _____

Doing Business As (DBA) _____

*Business Address: _____

*City: _____ *Province: _____ *Postal Code: _____

*Tel: () _____ Fax: () _____ GST/Business #: _____

Email: _____

How Long at this business address: _____ Own Lease Rent

Company Type: Incorporated Registered Partnership

Owner/Director

*Name : _____

*Address : _____

*City : _____ *Province: _____ *Postal code: _____

*Drivers License Number: _____ *SIN: _____

This agreement shall apply to future credit and any existing indebtedness owned by undersigned to Absorb Science Inc. All payments are due **30 days** after the invoiced date. Any means of payment (eg. Credit card on file, Collections) will be enforced on all overdue accounts aging **30 days** plus. Failure to pay will result in a 2% per month compound interest. NOTE: Please sign, date, and fax the agreement to Absorb Science Inc. @ (604)929-6786

Date: _____ Signature: _____