

How to
apply for
credit.

Astley Gilbert's credit options give you the flexibility you need.

1. Review the payment terms below
2. Complete the attached credit application

***NOTE: SIGNATURE MUST BE HANDWRITTEN FOR APPLICATION TO BE VALID**

3. Email completed form to ar@astleygilbert.com
or Fax to **416.288.0634**




C.O.D

C.O.D. TERMS
CASH SALE



C.C.C

C.C.C. TERMS
CREDIT CARD ON FILE



CREDIT

CREDIT TERMS
30-DAYS INVOICE

WHO CAN ORDER?
Any customer

WHO CAN ORDER?
Authorized users on account

WHO CAN ORDER?
Authorized users on account

PROCESS
→ C.O.D's are considered a cash sale.
→ A credit card is required **before** production can begin. Payment is processed prior to delivery of job.

PROCESS
→ Account no. issued under which all jobs are tracked.
→ Each time an order is placed, the credit card on file will be charged. The invoice will be mailed to you with confirmation receipt.

PROCESS
→ Account no. issued under which all jobs are tracked.
→ Until application is approved, jobs require payment **before** being released/delivered. Subsequent jobs invoiced with 30-day terms.

→ A credit application is **not** required.

→ Complete **Section A** only and sign the form.

→ Complete **all** sections and sign the form.



Astley Gilbert

ON DEMAND IMAGING. ON PAPER. ONLINE.

HEAD OFFICE 42 CARNFORTH RD, NORTH YORK ON M4A 2K7 T. 416.288.8666 F. 416.288.0634

CREDIT APPLICATION

→ APPLICATION MUST BE FILLED OUT IN FULL TERMS: 30 DAYS

ACCOUNT NO.
(OFFICE USE ONLY)

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A: PROFILE

Submit applications to → ar@astleygilbert.com

REGISTERED NAME OF COMPANY

TRADING NAME (IF DIFFERENT FROM REGISTERED NAME)

BUSINESS ADDRESS

CITY

PROVINCE

POSTAL CODE

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

PROVINCE

POSTAL CODE

PRODUCTION CONTACT

EMAIL

TELEPHONE NO.

EXT

ACCOUNTS PAYABLE CONTACT

EMAIL

TELEPHONE NO.

EXT

YES NO

IS A P.O. REQUIRED?

YES NO

JOB NAME REQUIRED?

FAX NO.

B: FINANCIAL

\$

ANNUAL REVENUE

\$

CREDIT LIMIT REQUESTED

\$

MONTHLY ESTIMATED PRINT VOLUMES

TYPE OF BUSINESS

DATE INCORPORATED

Y Y Y Y - M M - D D

BANK NAME / ACCOUNT NO.

BANK REFERENCE (BRANCH MANAGER)

BANK ADDRESS

CITY

PROVINCE

POSTAL CODE

EMAIL

TELEPHONE NO.

EXT

FAX NO.

C: REFERENCES

1

TRADE REFERENCE

CONTACT NAME

EMAIL

TELEPHONE NO.

EXT

FAX NO.

2

TRADE REFERENCE

CONTACT NAME

EMAIL

TELEPHONE NO.

EXT

FAX NO.

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE ASTLEY GILBERT LIMITED TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT OR FINANCIAL RESPONSIBILITY. I/WE UNDERSTAND THAT THE TERMS BY WHICH ASTLEY GILBERT LIMITED GRANTS CREDIT REQUIRES PAYMENT IN FULL WITHIN 30 DAYS.

SIGNATURE OF AUTHORIZED APPLICANT

PRINT NAME

TITLE

*NOTE: SIGNATURE MUST BE HANDWRITTEN TO BE VALID

ASTLEY GILBERT APPROVALS (OFFICE USE ONLY)

ACCOUNT MANAGER

SALES MANAGER

CREDIT MANAGER

DATE APPROVED