



Astley ■ Gilbert

ON DEMAND IMAGING. ON PAPER. ONLINE.

HOW TO APPLY FOR CREDIT

Choose from 3 easy payment options that give your business the flexibility it needs.

1. Review the payment terms below:

	C.O.D. CASH SALE	C.C.C. CREDIT CARD ON FILE	CREDIT INVOICE 30-DAYS
USERS	Any customer	Authorized persons	Authorized persons
ACCOUNT	C.O.D.'s are cash sale; no invoice issued	Account number assigned; all jobs are tracked	Account number assigned; all jobs are tracked
PAYMENT	Credit card payment required BEFORE production/delivery	Credit card on file charged when each order is placed; invoice/receipt copy mailed	*First job paid by credit card; subsequent orders invoiced with 30-day credit terms
ACTION →	Credit application NOT required	Complete PROFILE section and sign the form	Complete ALL sections and sign the form

2. Complete the attached credit application.

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

3. Submit applications by email: ar@astleygilbert.com or fax: **416.288.0634**.



CREDIT APPLICATION

ACCOUNT

PROFILE → Complete this section in full.

[PLEASE PRINT CLEARLY]

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	PHONE	
ACCOUNTS PAYABLE CONTACT	EMAIL	PHONE	
TYPE OF BUSINESS	P.O. REQUIRED?	JOB NAME REQUIRED?	FAX

REFERENCES → Complete this section if applying for 30-day credit terms.

1 TRADE REFERENCE	CONTACT NAME	
EMAIL	PHONE	FAX
2 TRADE REFERENCE	CONTACT NAME	
EMAIL	PHONE	FAX

AUTHORIZATION → Submit applications to: ar@astleygilbert.com

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 for financial responsibility. I/We understand the terms by which Astley Gilbert Limited grants credit requires payment in full within 30 days.

AUTHORIZED SIGNATURE	PRINT NAME	TITLE
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*NOTE: SIGNATURE MUST BE HANDWRITTEN TO BE VALID

OFFICE USE ONLY	ACCOUNT MANAGER	REGIONAL MANAGER	DATE APPROVED
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