INK QUEST/JCMD
CREDIT APPLICATION

CONTACT INFORMATION	
YOUR NAME	TITLE
PHONE	EMAIL
BUSINESS INFORMATION	
COMPANY NAME	
ADDRESS	PHONE
CITY	ZIP CODE
LENGTH OF TIME AT CURRENT ADDRESS: YEARS _____	
TYPE OF BUSINESS: SOLE PROPRIETOR ☐ PARTNERSHIP ☐ OTHER ☐	
BANK INFORMATION	
BANK NAME	BRANCH
ADDRESS	PHONE
BUSINESS REFERENCES	
Please provide us at least three other companies your business has established credit with previously	
1 | COMPANY	CONTACT NAME
PHONE	EMAIL
2 | COMPANY	CONTACT NAME
PHONE	EMAIL
3 | COMPANY	CONTACT NAME
PHONE	EMAIL
CREDIT AGREEMENT	

(Hereinafter referred to as the corporate customer), apply for credit for the supply of goods, service, and materials in accordance with the application for credit currently made. I/We being Owner(s)/Principal(s) of the corporate customer acknowledge that I/We am/are co-customer(s)/co-purchaser(s) and will be personally responsible jointly and severally with the corporate customer for any and all debits incurred as a result of this application, whether or not the invoice or work order is made out solely in the name of the corporate customer. I/We will jointly and severally indemnify you, and see you paid for your account with respect to any order now and hereinafter made by the corporate customer. I/We further agree to pay your account within your terms of payment net 30 days following purchase date, to pay 2% interest charge and service charges per month (24% per annum) on overdue accounts and I/We assure full responsibility for any costs incurred, including legal fees or collection of the account. I/We understand and consent to you obtaining a consumer report containing personal and/or business credit rating.

Dated at_____in the province of _____, this____day of_____20 _____

_____ _____

Owner/Principal Witness

ALBERTA 1-800-661-9855 British Colombia 1-800-361-9855 Montreal 1-877-275-5263
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