

APPLICATION FOR CREDIT ACCOUNT

BUSINESS CONTACT INFORMATION			
Company Name:			
A/P Contact Name:			
Contact Title:			
Phone:		E-mail:	
Company address:			
City:		Province:	Postal Code:
Date business commenced:			
INVOICE SUBMISSION REQUIREMENTS			
Do you use a 3 rd -party submission platform?	<input type="radio"/> yes <input type="radio"/> no		
If so, what platform do you use?	<input type="radio"/> Open Invoice <input type="radio"/> Cortex <input type="radio"/> Ariba <input type="radio"/> Other		
<i>Please ensure KaizenLAB Inc. is approved as a vendor in your system before reports are due.</i>			
If not, specify the email address to which invoices should be submitted:			
PO required?	<input type="radio"/> yes <input type="radio"/> no	<i>If POs are required, be sure to provide PO at time of sample submission.</i>	
PAYMENT METHOD			
What payment method do you use?	<input type="radio"/> EFT <input type="radio"/> Cheque <input type="radio"/> VISA <input type="radio"/> MasterCard		
BUSINESS/TRADE REFERENCE 1			
Company Name:			
Payables Contact:			
Phone:		E-mail:	
BUSINESS/TRADE REFERENCE 2			
Company Name:			
Payables Contact:			
Phone:		E-mail:	
BUSINESS/TRADE REFERENCE 3			
Company Name:			
Payables Contact:			
Phone:		E-mail:	
TERMS AND CONDITIONS			
<ol style="list-style-type: none"> All invoices are to be paid 30 days from the date of the invoice. By submitting this application, you authorize KaizenLAB Inc. to make inquiries into the banking and business/trade references that you have supplied. 			
SIGNATURES			
Date:			
Name:			
Signature:			