



• Lawn & Garden Care •
• Refuse Removal •



905 - 396 - 3111
www.zippitydoda.ca

CREDIT APPLICATION

Company Name: _____

Contact: _____

Business Address: _____

Billing Address: _____

City: _____ State / Prov: _____ Zip / Postal: _____

Phone: _____ E-mail: _____

Type of Business: _____ In Business Since: _____

Form of Business: Corporation LLC Partnership Sole Proprietor

Is a Purchase Order required? _____ Specifics? _____

Name[s] of individual[s] with authorization: _____

If it is to be a blanket PO, please list the number, expiration date and any other specifics.

Number _____ Exp. Date _____ Specifics _____

To whose attention should invoices be sent? _____

Billing Address: _____

City: _____ State / Prov: _____ Zip / Postal: _____

Phone: _____ E-mail: _____

If you wish to pay by credit card, please provide information below:

VISA Card Number _____ Exp. _____ Code _____

MasterCard Number _____ Exp. _____ Code _____

Bank Info (please list name and address of bank):

Trade References: Please list name, address, phone number, and account number of two references. Do not list credit cards.

1 _____

2 _____

Our terms are net 30 days. Accounts not paid in this time frame will be charged 1.8% interest rate per month and future orders or services will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

Print Name: _____ Title: _____

Signature: _____ Date: _____



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