

WHOLESALE APPLICATION FORM

Company Legal Name _____

Are you doing business under another name? If so, please list _____

Mailing Address _____ City _____

Province _____ Postal Code _____

Phone _____ Fax _____ Email _____

Year business established _____ GST # _____

Principal Information

Name (s) _____

Address _____

Province _____ Postal Code _____

Phone _____ Fax _____ Email _____

Accounts Payable Handled By _____

I certify that the above information is true and correct. I understand that new accounts must pay by credit card (Visa & MasterCard) until credit is established. Credit terms of payment and sale are 1% - 10 days, net 30 days. The 1% applies only to the sales amount (not GST or freight). I also understand that AC Distributors Ltd. reserves the right to hold back shipments on overdue accounts. An interest charge of 2% per month will be charged on all overdue accounts.

Date _____

Signature _____ Title _____

Please note: Orders not meeting minimums for freight free shipping will be charged based on weight. All orders are shipped via UPS standard.

Freight free shipping minimums:

- \$350 Lower Mainland BC (Vancouver, Burnaby, New Westminster, Richmond, Delta, Tsawwassen, White Rock, Surrey, Langley, Aldergrove, Coquitlam, Port Moody, Pitt Meadows and Maple Ridge)
- \$400 British Columbia (Anything outside the GVRD, Fraser Valley), Alberta, Saskatchewan
- \$450 Central and Eastern Canada

AC Distributors Ltd. • #3, 1411 Valmont Way, Richmond, BC V6V 1Y3

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CREDIT CARD (please mark one)	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD
ACCOUNT NUMBER:	_____	
EXP DATE:	_____/____/____	
CARD HOLDER NAME:	_____	
	<small>(Exactly as printed on card)</small>	
BILLING ADDRESS:	_____ _____ _____	
PHONE: () -	FAX: () -	
SIGNATURE:	_____	
DATE:	_____	