

NEW ACCOUNT REQUEST FORM

Complete and Fax to: 1-866-332-1224



Company Information

Company Legal Name: _____

Company Name: _____

Street Name & Number: _____

Suite Number: _____ City: _____ Postal Code: _____

Contact Person for Shipping

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Contact Person for Billing

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Please Provide Three Credit References (Company Name/Contact Person/Phone & Fax Numbers)

Suppliers:	Contact Person:	Phone #:	Fax #:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank:	Branch:	Phone #:	Account #:	Contact Person:
_____	_____	_____	_____	_____

Please indicate your estimated usage per billing (semimonthly)

- Under \$100 Please note that invoices under \$100 must be paid with preauthorized Visa, MasterCard, or AMEX
- Over \$100 Over \$500 Over \$1000

Thank you for opening an account with QA Courier. Signing this New Account Request Form means you have read and agree to the terms posted at www.qacourier.com.

Print Name

Signature

Date

CREDIT CARD PAYMENT AUTHORIZATION FORM

Fax: 1-888-875-2145 (or in Montréal: 514-875-2145)



To: QA Courier, Accounts Receivable

From: Company Name: _____
QA Account Number: _____
Contact Name: _____
Contact Phone: _____
Contact Email: _____

1. Credit Card Details:

Visa MasterCard American Express

Card Number: _____

Expiry (yyyy/mm): _____

2. Authorization:

I hereby authorize QA Courier to keep this credit card on file and to charge my credit card when invoiced for the outstanding balance on the account.

3. Approval:

Cardholder Name (Please print) Cardholder Signature Date

QA Courier Confidential When Complete