

Skyplan Services Ltd. Business Account Application

Company Information

Company Name:	<input type="text"/>		City:	<input type="text"/>	
Address Line 1:	<input type="text"/>	State/Province:	<input type="text"/>	Postal Code:	<input type="text"/>
Address Line 2:	<input type="text"/>		Country/Region:	<input type="text"/>	
Address Line 3:	<input type="text"/>		Web Site Address:	<input type="text"/>	

Billing Information

Same as above

Billing Contact:	<input type="text"/>		Address Line 1:	<input type="text"/>		
E-mail Address:	<input type="text"/>		Address Line 2:	<input type="text"/>		
Telephone Number:	<input type="text"/>		City:	<input type="text"/>		
Fax Number:	<input type="text"/>		State/Province:	<input type="text"/>	Postal Code:	<input type="text"/>
Alternate Contact:	<input type="text"/>		Country/Region:	<input type="text"/>		

Operations Information

Operations Contact:	<input type="text"/>		Telephone Number:	<input type="text"/>	
E-mail Address:	<input type="text"/>		Fax Number:	<input type="text"/>	

Method of Payment

Preferred method of payment

This company accepts (check all that apply):

- Cheque Wires / EFT Credit cards
-

Principle Officers

Please list the main principles for your company's organization.

Name	Title	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount of credit requested per month:

We here by authorize Skyplan Services Ltd. to open an account in the name of the company listed above. The company will be billed directly for any purchases it makes with Skyplan Services Ltd. and agrees to pay NET 7 DAYS. In the event that payment is not received by the 25th day following the billing date, Skyplan Services Ltd. may charge the purchases to the following credit card account. It is also understood that a late fee of two percent (2%) of the total billed amount will be added at this time.

Initials

Credit Card Information

This company accepts (check all that apply):

Print Name/Title:

Credit Card Number:

Expiry Date:

Type of card:

Visa MasterCard

Authorized Signature of Card Holder:

Billing Address for Card Holder

Address Line 1:

State/Province:

Postal Code:

Address Line 2:

Country/Region:

City:

CVV#

[Click here for help locating your CVV#](http://www.skyplan.com/cvv.htm) or visit <http://www.skyplan.com/cvv.htm>

Trade References

(1) Company:

Contact Name:

Contact Phone Number:

Contact Fax Number:

(2) Company:

Contact Name:

Contact Phone Number:

Contact Fax Number:

WE HEREBY AUTHORIZE THE ABOVE LISTED CREDIT REFERENCES TO RELEASE INFORMATION TO SKYPLAN SERVICES LTD. FOR THE USE IN THE EVALUATION OF THIS APPLICATION.

Authorization

On behalf of the applicant, the undersigned hereby warrants that the above information is true, correct and complete and agrees to the terms and conditions as indicated in our agreement. I hereby certify that I am authorized to sign and submit this application for and on behalf of the Applicant. Signed this

day of , 20 .

Signature:

X

Title:

Please print this document and fax/mail a hand-signed copy to our office.

Skyplan Services Ltd.
Suite #104, 7777 10th Street NE
Calgary, Alberta, Canada T2E 8X2
Phone: (403) 275-2520 Fax: (403) 275-3877
