



Business Information

Firm or Other Name:
Accounts Payable Contact:
Years in Business:
Address:
Phone:
Amount of Credit Requested:

References - 3 required (Municipalities are not required to supply references)

Business Name:
Contact Name:
Address:
Phone:
Facsimile:
Email:

Business Name:
Contact Name:
Address:
Phone:
Facsimile:
Email:

Business Name:
Contact Name:
Address:
Phone:
Facsimile:
Email:

Financial Institution Information

Financial Institution:
Financial Institution Full Address:
Account Manager:

Terms:

- Accounts are due upon issuance of monthly statement. A late payment charge of 1.5% per month compounded monthly or 19.5% per annum, shall be added on any unpaid balance 30 days after the account is due and payable, and interest calculated at the aforesaid rate shall be added to the outstanding balance until the entire balance is paid in full. Information Services Corporation reserves the right to amend or change the provisions, terms and conditions of this agreement at any time by mailing to the credit holder written notice of such amendments or modifications.
Information Services Corporation reserves the right to withhold further credit to any credit holder, once the credit limit of the account is reached.
Any change of name or address, financial institution or authorized signing officers must be reported to Information Services Corporation immediately.

Credit Authorization:

- The undersigned authorizes Information Services Corporation to contact all references given and make enquiries into credit history. Upon approval, I/we agree to abide by the terms and conditions pertaining to product/services purchased on credit.

Printed Name Title Date (DD/MM/YYYY) Authorized Signature

For ISC Office Use Only

Credit Amount Approved Date (DD/MM/YYYY) Approved By