



Wee-Knees Design Inc.  
Tel : 604.957.3444  
Fax: 604.957.3331  
www.wkdesigninc.com  
E: info@wkdesigninc.com

## CREDIT INFORMATION

Trade Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Web: \_\_\_\_\_

## TAX NUMBER:

Owner, Partners or Principal:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Ext: \_\_\_\_\_  
Account # \_\_\_\_\_ Contact Name: \_\_\_\_\_

References:  
1.Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
2.Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
3.Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Should a Credit Account be opened at Wee-Knees Design Inc I/We agree to pay the full balance within 30 days of invoice date or to pay interest rate of 1.5% per month.

I/We \_\_\_\_\_ authorize Wee-Knees Design Inc to obtain such credit information as may be required in connection with the maintenance of said credit account.

I/We \_\_\_\_\_ authorize Wee-Knees Design Inc to charge my credit card account Visa/Mastercard: Credit Card Number \_\_\_\_\_  
Exp Date \_\_\_\_\_ cvv (last 3 digits on reverse) \_\_\_\_\_  
Name As It Appears on Card \_\_\_\_\_  
Signature \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_