

## Accounts Receivable Account Application

Name: \_\_\_\_\_ Incorporated Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

☐ First Nation
 ☐ Government
 ☐ Non-Profit
 ☐ Other

Business Registration Number: \_\_\_\_\_

### Billing Address (if different than above):

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Signing Authorities on Account (i.e., Educational Consultants for Sponsored Students):

Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Phone: _____	Phone: _____	Phone: _____
Fax: _____	Fax: _____	Fax: _____
Email: _____	Email: _____	Email: _____
Signature: _____	Signature: _____	Signature: _____

### Credit References (please provide two businesses who have granted credit):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Limit Request: \_\_\_\_\_

(Credit Limit refers to the maximum credit for all students combined (e.g., 8 students at \$500/student = \$4,000 Credit Limit))

Name/Title (authorizing funding)

Signature

Date

#### Terms and Conditions:

- Charges are due 30 days from date of purchase
- Remit payment to: **University of Manitoba BookStore, 140 UMSU University Centre, Winnipeg MB R3T 2N2**
- Taxes (GST & PST) will be charged unless a signed letter is included which describes your tax exempt status
- Interest may be charged on overdue accounts
- Signing authorities must submit a signature sample and have cheque signing authority
- Orders to be sent out must be authorized by a signed purchase order

#### For Office Use Only

Approved by	Date	CR Limit	Acc't #
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Send completed forms to [Book.Sponsor@umanitoba.ca](mailto:Book.Sponsor@umanitoba.ca) or fax to 204-474-7555