



**mattatall**  
SIGNS

## COMPANY PROFILE

COD

### BILLING INFORMATION

COMPANY	Volta	PROVINCE	N.S	POSTAL CODE	B3J 1E7
ADDRESS	5415 Spring Garden Road.				
CITY	Halifax	FAX		E-MAIL	melody@voltaeffect.com
PHONE	902-292-0970				
ACCOUNTS PAYABLE CONTACT					
PHONE		FAX		E-MAIL	

### BUSINESS INFORMATION

TYPE OF BUSINESS	Ownership	Partnership	Corporation	Other
YEARS IN BUSINESS				
OWNER, PARTNERS, COMPANY OFFICERS			USE OF PURCHASE ORDERS	YES NO
NAME, TITLE				
NAME, TITLE				
NAME, TITLE				

### BANK INFORMATION

NAME	ACCOUNT NUMBER
ADDRESS	
CITY	PROVINCE
CONTACT PERSON	POSTAL CODE
PHONE	FAX
	E-MAIL

### TRADE REFERENCES

COMPANY, PHONE, FAX

COMPANY, PHONE, FAX

COMPANY, PHONE, FAX

I Certify that the above information is correct. This information is to be used for credit purposes only.

Name

Title

Date

### TERMS AND CONDITIONS

Application for credit will not be considered unless a Visa or MasterCard number is provided along with cardholders signature. If payment is not received by the 60th day from the invoice date, customer will be contacted to be advised that payment has been placed on credit card. Cardholders signature below authorizes above credit terms.

VISA #

EXP. DATE

MASTERCARD #

EXP. DATE

SIGNATURE

DATE

March 25, 2014

