V-SHIP
Cheaper and Faster

75 Canterbury Pl. Unit 1006
North York, ON, M2N 1Y6
Toronto: 647-557-1236
v-ship.com

Pre-Authorized Payment Plan

Please complete the following credit aplication, signed, and return to info@v-ship.ca.

Company Name _____

Billing Address

_____
_____
_____

Default Shippin g Address
(If not the same as billing address)

_____
_____
_____

Telephone# (_____) _____

Default Shipping# (_____) _____

Accounts Payable Contact _____ Ext. _____

Email for Invoicing _____

Email or Statements _____

Principal(s) _____

_____

Operating Since _____

Credit Limit Requested _____

I, _____ have reviewed and acknowledge the terms andconditions as outlined by V-SHIP Ltd.

Signature _____ Date _____

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Pre-Authorized Payment Plan

No time to schedule payments?

Join now for our convenient Pre-Authorized Payments, and let us do the work for you!

Fill out the information below and we will automatically debit your account 21 days from the date of invoice.

I / We authorize V-SHIP Ltd. to debit my/our bank/trust account for payments due by the under-signed to V-SHIP Ltd. in payment of my account. The under noted financial institution is hereby authorized to debit the designated account of the undersigned. I/We ensure that the funds will be available to cover the withdrawal and that insufficient funds will result in service charges as applicable, and possible cancellation of my/our enrollment in the payment plan.

This authorization may be cancelled at any time upon written notice.

Name of Financial Institution _____

Branch Address _____

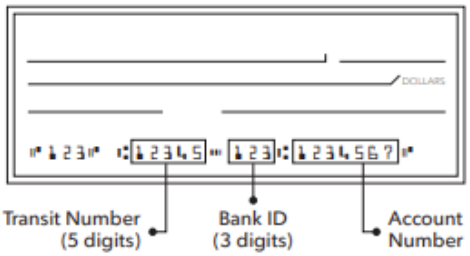
Bank Account Number (requires chequing privileges) _____

A&B Courier Account Number _____ Date _____

Signature(s) if joint account _____

Signature(s) if joint account _____

IMPORTANT:
You must include a “VOID” cheque.
Your PAD request cannot be processed withou it.



If you have any questions, please contact the finance department at info@v-ship.ca.