



Tick Company

**Customer Details** Exact Legal Name \_\_\_\_\_

Customer Type  Corporation  Partnership  Sole Proprietorship  Government Dept.  Charity  Individual

*For Individuals* – Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ *Other Entities* – Year Established \_\_\_\_\_ No. of Employees \_\_\_\_\_

Nature of Business Activities \_\_\_\_\_

Principals/Owner's Name \_\_\_\_\_

**Billing Address** Street/P.O. Box \_\_\_\_\_

City/Parish/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**Accounts Payable Contact** Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**Delivery Address** Street \_\_\_\_\_

City/Parish/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**Delivery Contact** Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**Bank References**

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

**Trade References**

<i>Business name</i>	<i>Address</i>	<i>Contact</i>	<i>Phone</i>

I/We warrant that all of the information provided in this application is accurate and complete. I/We authorize The Liquid Group of Companies Ltd., its agents and assigns (collectively known as “The Liquid Group”) to verify the accuracy of the information contained in this application and to collect information on me/us, including but not limited to bank references, trade credit references, consumer reports and/or commercial credit reports. I/We also authorize The Liquid Group to provide information regarding the status of our charge account(s) and creditworthiness to third parties including but not limited to other trade creditors and credit reporting agencies.

I/We agree to abide by the payment terms established by The Liquid Group and understand that these payment terms are subject to change without notice at the sole discretion of The Liquid Group. Furthermore, I/We agree that the extension or continuation of credit facilities shall be at the sole discretion of The Liquid Group.

I/We agree that in the event of late payment the Liquid Group may charge and I/We agree to pay a finance charge on the overdue balance up to a maximum of 2% per month. Further, in event that the account is in default, I/We agree to pay all collection costs, Attorney’s fees and court costs incurred by The Liquid Group to collect the outstanding funds.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Please print) \_\_\_\_\_

**Office Use Only** Credit Approved  Yes  No Credit Limit \$ \_\_\_\_\_ Terms \_\_\_\_\_

A/c No. \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**236.3388**

**Mailing:**  
Suite 246 -12 Church Street  
Hamilton HM11 Bermuda

**Office & Showroom:**  
10 Harvey Road  
Paget PG04 Bermuda

**T:** 441.236.3388  
**F:** 441.236.6555  
**E:** accounts@liquidgroup.bm