

Licensed Island Associate Application Form

Return by mail to 1855 Dundas Street E, Unit 5, Mississauga, ON, L4X 1M1

By email to: sales@islandinkjet.com

By fax: 1-866-688-4254

For Inquiries, call 1-877-4-INK-JET (446-5538)

Please Check one or more of the following:

- Sign me up to the Licensed Island Associate Program at a rate of \$399/month.
 - Multiple Unit Owners: Sign me up including my ___ (number) additional locations at a reduced rate of \$199/month per additional location.
- I already have a user BMS License and Equipment. Please (re)activate the system at the rate of \$50/month per location.
 - Multiple Unit Owners: I have a total of ___ BMS Systems that are to be (re)activated at a rate of \$50/month per system.
- I do not currently have a BMS License or Equipment and would like to receive further information on the system.

All figures are in CAD and are subject to applicable tax.

I agree to be bound to the terms of the License as posted and updated regularly on the Help Desk.

I agree to take the above services for a minimum of six months and will pay the service fee on the first of each month in advance.

I understand I may cancel at any time thereafter with 90 day written notice of cancellation at which time I will cease to use the Island Ink-Jet brand in respect to any of my business activities.

Your Name: _____

Signature: _____

Approved By: _____

Date: _____

Date: _____

Fax back to (905) 629-3219 or (866) 688-4254



Account Setup Form

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Business Trade Name	
Business Corporate name (If Different)	
Billing Address	
Shipping Address (if different than above)	
Secondary Location Shipping Address	
Telephone #	Fax #
E-mail	
Contact Person	
Signature	
Vendor Permit Number (If Applicable)	
Credit References	
Reference #1	Reference #2
Bus. Name	Bus. Name
Contact	Contact
Acct. #	Acct. #
Phone#	Phone#

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Credit Card Authorization Form

Return by mail to 1855 Dundas Street E, Unit 5, Mississauga, ON, L4X 1M1

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Credit Card Authorization

Your Company + Store Code: _____

Card Type: _____

Card #: _____

Exp. Date: _____ CID# (3-4 digit security code): _____

Cardholder Name: _____

**My signature below authorizes Island Ink-Jet to charge the above
Credit Card for all merchandise purchased from this day forward.
I will notify Island Ink-Jet in writing when to discontinue use of card.**

Print Authorized Cardholder's Name:

Authorized Cardholder's Signature:

Fax back to (905) 629-3219 or (866) 688-4254

THE CARTRIDGE REFILLERS