



TEL: 250-890-1065
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COMOX BC V9M 3M8
www.mytechguys.ca

Accounts Receivable Credit Application

Company:	
Phone Number:	
Address:	
City:	
Postal Code:	
Email:	

I, _____, hereby authorize My Tech Guys to apply any outstanding balances to our credit card after 30 days of invoicing from the date of our service call.

Credit Card Type:	Visa:	MasterCard:
Name of Card Holder:		
Number:		
Expiry Date:		

Authorized by: _____
Company Manager

Or

Account Payable Manager

Approved by: _____
My Tech Guy Employee

Date: _____