



CONFIDENTIAL ACCOUNT APPLICATION

Company:				Contact:		
Address:						
City/Province/Postal:						
Phone:				Fax:		
Annual Revenue:				Credit Required:		
PST No.:				GST No.:		
Type of Bus.:						
Number of Employees	Full Time			Part Time		

Ownership: Corporation (Date incorporated _____) Proprietorship Partnership

Company Officers:

President:		
Accounts Payable:		
Signing Officer(s):		

Bank:			Manager:		
Address:					
Phone:			Fax:		
Acct No.					

TRADE REFERENCES:

Company:				Contact:		
Address:						
Phone:				Fax:		
Company:				Contact:		
Address:						
Phone:				Fax:		
Acct No.						
Company:				Contact:		
Address:						
Phone:				Fax:		

Will accept C.O.D. pending completion of credit check? _____

The undersigned hereby certifies that the information contained in this application is true.

Authorized signature: _____ Title: _____

Name: _____ Date: _____

Please Note: The applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms and agreements.

Please mail, fax or scan and email the completed form.