

NEW CUSTOMER ACCOUNT FORM

DATE: _____ DIVISION/BRAND: _____

LEGAL NAME OF BUSINESS: _____

TRADING AS: _____

ADDRESS: _____

POSTAL CODE: _____

TEL#: () _____ FAX: () _____

EMAIL#: _____ WEBSITE: _____

BUSINESS (GST/HST) # _____

NAMES OF SHAREHOLDERS/PARTNERS	HOME ADDRESS	TELEPHONE

HOW LONG IN BUSINESS?: _____ STORE SIZE: _____

OWN/RENT: _____ MONTHLY COST: _____

MORTGAGE HOLDER/LANDLORD (NAME & PH.#) _____

ANY BRANCHES: _____ ANNUAL SALES: _____

STORE CONTACT PERSON: _____ POSITION: _____

ACCOUNTS PAYABLE CONTACT: _____ PH#: _____

EMAIL#: _____

IS A CURRENT FINANCIAL STATEMENT AVAILABLE ? YES _____ NO _____

APPROVED CREDIT TERMS ARE NET 30 OR NET 60 DEPENDING ON PRODUCT AND BOOKINGS

WE RESERVE THE RIGHT TO CHARGE 1.5% INTEREST PER MONTH OF PAST DUE.

APPLICANT'S BANK: _____ ADDRESS: _____

ACCOUNT NO. _____

TELEPHONE: _____ BANK MANAGER: _____

SUPPLIER REFERENCES:	CITY/COUNTRY	CONTACT NAME	EMAIL / FAX

(OVER)

