

ACCOUNT APPLICATION

COMPANY INFORMATION

Company Name: _____

Address: _____

City: _____ Prov./State: _____ Postal/Zip Code: _____

Telephone: _____ Fax: _____

Company President or Owner(s): _____

Number of years in business: _____ Email: _____

BUSINESS REFERENCES

1) Company Name: _____

Address: _____

City: _____ Prov./State: _____ Postal/Zip Code: _____

Telephone: _____ Fax: _____

2) Company Name: _____

Address: _____

City: _____ Prov./State: _____ Postal/Zip Code: _____

Telephone: _____ Fax: _____

BANK REFERENCE NOT LESS THAN FIVE YEARS

Name of Bank: _____

Account No.: _____

Branch No. & Address: _____

City: _____ Prov./State: _____ Postal/Zip Code: _____

Telephone: _____

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NOTE: Initial orders will require payment in advance. A 10% discount will be applied for the initial order. An approved new account will have a \$250.00 credit line, thereafter terms of payment will be net 30 days. Any accounts with an outstanding balance over 60 days, orders will be automatically be put on hold. Shipments will not be made to past due accounts.