



ACCOUNT APPLICATION

LEGAL COMPANY NAME _____ ACCOUNTS PAYABLE CONTACT _____

COMPLETE ADDRESS _____ TELEPHONE _____ FAX _____

EMAIL ADDRESS _____

BUYER _____

HEAD OFFICE SOLE PROPRIETORSHIP BRANCH PARTNERSHIP TELEPHONE _____ FAX _____

CORPORATION OTHER _____ EMAIL ADDRESS _____

IF BRANCH OFFICE GIVE NAME AND ADDRESS OF HEAD OFFICE OR PARENT COMPANY _____

NATURE OF BUSINESS _____ 1ST ORDER AMOUNT (\$) _____ P.S.T. EXEMPTION # _____

NUMBER OF YEARS IN BUSINESS _____ NUMBER OF OFFICE EMPLOYEES _____ PURCHASE ORDER REQUIRED SHOULD GST/HST BE CHARGED? YES NO

ESTIMATED ANNUAL PURCHASES (\$) _____ MONTHLY CREDIT LIMIT (\$) _____ SERVICE IN ENGLISH FRENCH OLO ACCOUNT? YES NO

BANK INFORMATION

BANK NAME _____ CONTACT _____ TELEPHONE _____

BRANCH ADDRESS _____ ACCOUNT # _____

REFERENCES (ESTABLISHED SUPPLIERS)

NAME _____ ADDRESS _____ TELEPHONE _____

NAME _____ ADDRESS _____ TELEPHONE _____

NAME _____ ADDRESS _____ TELEPHONE _____

SHIPPING INFORMATION (IF DIFFERENT FROM BILLING ADDRESS)

CONTACT NAME _____ DEPT _____ TELEPHONE _____

ADDRESS _____ ROOM / SUITE _____ SHIP TO NUMBER _____

POSTAL CODE _____ COUNTRY _____

CREDIT TERMS AND CONDITIONS

I warrant the information shown here is true, and the information given is for the purpose of obtaining goods on credit. I hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my credit and financial responsibility.

Payment terms are 30 days from date of invoice. Past due accounts are subject to a late payment charge of 1.5% per month (18% per annum). We reserve the right to withhold shipments to customers who do not meet these terms.

DATE _____

SIGNATURE _____

TITLE _____

(SIGNING OFFICER OF COMPANY)

| INTERNAL USE ONLY | | | | |
|--|-------------------------|--------------------|-------------------|-------------------|
| SALES REP _____ | EXT _____ | SALES REGION _____ | SALES # _____ | WAREHOUSE # _____ |
| SPECIAL PRICING _____ | ACCOUNT # _____ | BINDER CODES _____ | COLLECTOR # _____ | |
| D & B RATING _____ | CREDIT LIMIT (\$) _____ | APPROVED BY _____ | DATE _____ | |
| E-BILLING ADDRESS: _____ OLO ACCOUNT? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |