

Account Setup (Credit) Application Form

PLEASE PRINT, FILL OUT, SIGN AND RETURN THIS FORM BY FAX (905-290-0499).

TO: _____ DATE: _____

FAX: _____ # PAGES: _____

COMPANY NAME: _____

Mailing Address: _____ Billing Address: _____

Telephone: _____ Telephone: _____

Fax Number: _____ Fax Number: _____

Date Founded: _____

GST Number: _____ Certificate Exemption # : _____
(please attach a copy of the certificate)

Bank: _____

Name: _____

Address: _____

Contact person: _____ Title: _____

Account number: _____

Telephone: _____ Fax: _____

BUSINESS REFERENCES:

Company: _____ Fax: _____ Tel: _____

Company: _____ Fax: _____ Tel: _____

Company: _____ Fax: _____ Tel: _____

