

100 Wellington St., Suite 201 London ON N6B 2K6

### COMPANY

Company Name & Contact Person:		Email :	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Co <input type="checkbox"/> Sole Proprietorship
Address :			
City	Prov.	Postal Code	
Phone No. (Business)	Fax No.	How Long In Business	

### BANKING INFORMATION

Bank Name	Branch Address	Phone No.
Bank Contact Person :	Account No.	Date Account Opened:

### CREDIT REFERENCES (Please list contacts with whom you have conducted business)

Company Name:	Address:		Email:	
Contact Person:	Date Account Opened	Fax No. (       )	Phone	
Company Name:	Address:		Email:	
Contact Person:	Date Account Opened	Fax	Phone No.	
Company Name:	Address		Email:	
Contact Person	Date Account Opened	Fax No. (       )	Phone No. (       )	
Are purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	G.S.T/HST.# (*)	P.S.T.# (*)	Financial Statement if avail <input type="checkbox"/> Attached	
Accounts Payable Person	Phone No.	Fax No.	Email (Invoices & Statements):	
Credit Limit Requested \$	Est. Yearly Purchases \$	Special Invoicing Instructions		

**\* If tax exempt, please submit a copy of exemption certificate with this New Account Form.**

The customer understands that the terms on which the company grants credit are as follows:

#### **TERMS – NET 30 DAYS FROM THE DATE OF INVOICE**

1. A service charge of 1.5% per month (18% per annum) will apply on the amount of any overdue account from the date such account becomes overdue. Accounts unpaid after 30 days from invoice date shall be considered overdue.
2. The Company is authorized to obtain information necessary to process this application, including cause to conduct personal investigation of same principal(s).

I/We have read and understood the above and hereby agree to abide by these terms and conditions.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_