



Mailing Address: P.O. Box 70, Bloomfield, ON K0K 1G0
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 Phone: 613.476.3272
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Charge Account Application

BUSINESS INFORMATION

The following information is necessary to set up an account.

Account Name: _____ Today's Date: _____

Company Website Address: _____

Billing Address: _____ Province: _____ Postal Code: _____

Purchase Orders Required? No Yes

Accounts Payable Contact: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Principal's Name: _____ Title: _____

How long in business? _____ Under this name? _____

Have you filed for bankruptcy within the past seven years? No Yes (If yes, please attach explanation.)

Bank Reference: _____

Bank Officer: _____ Phone: _____

Local Trade References (Please list two commercial trade references. Personal charge accounts and accounts which have been active less than three months or inactive more than one year are not acceptable)

Firm 1: _____ Firm 2: _____

Address: _____ Address: _____

Account #: _____ Phone: _____ Account #: _____ Phone: _____

Credit Limit Requested: _____

 Signature Printed name Title Date