



## Account Application

COMPANY / CONTACT INFORMATION	DN				
Name of Customer (full legal name)					
Operating As					
Address					
City		Province		Postal Code	
Website		Contact N	lame		
Phone ( )		Fax (	)		
Email					
DELIVERY / SHIPPING INFORMATION	DN				
Address 1					
City		Province		Postal Code	
Address 2					
City		Province		Postal Code	
Are Purchase orders required				Yes	No 🔘
PST Exempt	Yes	No O	#		
GST/HST Exempt	Yes	No O	#		
CREDIT AGREEMENT In consideration of being is following terms and conditions governing its use account(s) and if applicable, for the interest char balance will be charged interest, which the custo return of goods authorization number assigned.	. 1) The customer agrees to page levied. Terms: Net 15 days	ay, upon receipt, the full ba from invoice date. 2) In th	lance of invoices a e event that an inv	s rendered for all purchases made by anyone u oice is not fully paid within 30 days of invoice	using the credit date, the unpaid
Date	Printed Name & F	Position			
Authorized Signature					