



~ CONFIDENTIAL NEW CLIENT APPLICATION ~

Date: _____

Company Name: _____

Name of Legal Identity: _____

Bill To: _____ **Ship To:** _____

Address: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____ City: _____ Prov: _____ Postal Code: _____

Email: _____ Email: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Accounts Payable Contact: _____

Email: _____ Phone: _____

All new accounts will commence with payments that are made either by on Visa or MasterCard. Please fill out all credit card information below. Please note that any credit application for terms will be considered only, after 6 months of payment history and a complete credit check has been performed.

Credit Card #: _____ **Exp:** _____ **CVV Required:** _____

Card Holders Signature: _____

TYPE OF BUSINESS

Corporation Partnership Sole Proprietor

E-Comm

NAMES OF OWNERS/OFFICERS

President/Owner _____

Selling Name _____

Bank Name: _____ Phone: _____

Branch: _____ Contact: _____

Type of Account: _____ Acct. #: _____

Signed this _____ day of _____,

Authorized signature: _____ Title: _____