



1125 Crestlawn Drive, Unit B1
Mississauga, ON L4W 1A7
TEL (416) 222-2525 FAX (905) 677-7787

APPLICATION FOR CORPORATE CHARGE ACCOUNT

Date _____

Company Name _____

Telephone: _____ **Fax #** _____

Address: _____

_____ **Postal Code** _____

Principles: _____ **Position:** _____

_____ **Position:** _____

_____ **Position:** _____

Nature of Business: _____

Length of Time in Business: _____

Bank: _____

Branch: _____ **Account #** _____

Monthly Credit Required: \$ _____

Terms of Payment: DUE UPON RECEIPT / 2% CHARGE ON ACCOUNTS PAST 30 DAYS

Credit References: _____

I _____ *AM THE* _____ (*TITLE*)

OF THE ABOVE NAMED COMPANY AND I AM AUTHORIZED TO APPLY FOR A CHARGE ACCOUNT ON BEHALF OF THE COMPANY.

Signature of Applicant