

# Application For Charge Account

Attention : Mr Yong Goh

Fax : (416) 504-4243

*Please print or type*

Firm Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Phone : (    ) \_\_\_\_\_ Fax : (    ) \_\_\_\_\_

Private Ownership (    )

Name of Owner : \_\_\_\_\_

Partnership (    )

Address : \_\_\_\_\_

Corporation (    )

\_\_\_\_\_

Phone : (    ) \_\_\_\_\_

Type of Business : \_\_\_\_\_ Year Founded : \_\_\_\_\_

Number of Locations : \_\_\_\_\_ Numbers of Employees : \_\_\_\_\_

Bank : \_\_\_\_\_ Contact : \_\_\_\_\_ Account Number : \_\_\_\_\_

Address : \_\_\_\_\_ City : \_\_\_\_\_

Phone : (    ) \_\_\_\_\_ Fax : (    ) \_\_\_\_\_

References : ( at least three suppliers )

1) Firm : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ Phone : (    ) \_\_\_\_\_ Fax : (    ) \_\_\_\_\_

1) Firm : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ Phone : (    ) \_\_\_\_\_ Fax : (    ) \_\_\_\_\_

1) Firm : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ Phone : (    ) \_\_\_\_\_ Fax : (    ) \_\_\_\_\_

Date : \_\_\_\_\_ Print Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Allow 7 - 10 working days for processing application.



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