



**NEW CUSTOMER  
ACCOUNT INFORMATION**

NEW CUSTOMER INFORMATION (all New Customers Must Fill Out)

To begin to process your order to meet your delivery schedule, the following information is required.

Your expedient handling of this application will enable your order to be processed in a timely manner.

\*\*\*\*\*Account Application\*\*\*\*\*

FOR INTERNAL USE ONLY	
CUSTOMER NUMBER:	
ACCOUNT REP	

COMPANY NAME:	
PHYSICAL BUSINESS ADDRESS:	
PHONE:	EMAIL:
INVOICING ADDRESS:	
SHIPPING ADDRESS:	
ACCOUNTS PAYABLE CONTACT:	EMAIL FOR INVOICES:
PHONE:	PO REQUIRED FOR PAYMENT: YES <input type="checkbox"/> NO <input type="checkbox"/>
TYPE OF BUSINESS:	YEARS IN BUSINESS:
YEARS AT PRESENT LOCATION:	OWNER
TYPE OF ORGANIZATION : (Please Check One)	
PUBLIC <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
CORPORATION <input type="checkbox"/>	INDIVIDUAL <input type="checkbox"/>

CREDIT APPLICATION (Only Fill Out if Credit Requested)

If you wish to apply for Net 30 term please sign and complete. The default credit limit will be \$1,000 unless additional credit is requested. Credit Checks will be run on all applications. You may use your own Credit Information Sheets as long as this credit application is signed and returned. Your order will be processed after terms are approved.

COD  NET 30  INVOICE WITH GOODS VISA ON FILE

\*\*\*\*\* Credit Application\*\*\*\*\*

You do not need to fill out below if you do not want to have a credit with us you will be a COD customer

CREDIT LIMIT REQUESTED: \$	ACCOUNT MANAGER:
BANK NAME:	ACCOUNT NUMBER:
ADDRESS:	ACCOUNT TYPE:
PHONE:	FAX

\*\*\*TRADE REFERENCES (3 Minimum, 4 Preferred, Fax or Email Required)

COMPANY NAME	ADDRESS	PHONE	FAX OR EMAIL

\* If you are PST and or GST exempt, an exemption form must accompany this application.

PST EXMP Yes  GST Exempt Yes

I certify that the information on this application is correct. I understand the terms are net 30 from date of invoice. I understand outstanding account balances are subject to a service charge of 2% per month. IN the event a suit is necessary to collect our overdue account, I agree to pay the sellers collection expenses and legal fees.

People allowed to place on account :


ADDITIONAL NOTES:

\*\*\*\*\* Chemical purchase\*\*\*\*\*

Please note: if below is not provided you will not be able to purchase chemicals. We do not sell chemicals without a commercial address and proof below:

Business Licence	_____
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\*Please include your Proof of Insurance

Signature:	Title:	Name:	Date:
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We accept payment by cheque, visa, interact, cash, direct deposit