



935 Salmon River Road  
 RR#3 Truro Nova Scotia  
 B2N 5B2  
 Phone: (902) 893-1800  
 Fax: (902) 893-7372

**ACCOUNT APPLICATION**

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

Mailing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Method of Payment: Visa \_\_\_ Mastercard \_\_\_ Amex \_\_\_ Charge \_\_\_

Card#: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

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

Purchasing Contact: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

If Incorporated: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Corporate Officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Bank Phone#: \_\_\_\_\_ Contact: \_\_\_\_\_

Suppliers / References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Limit Requested: \_\_\_\_\_ Estimated Yearly Purchases: \_\_\_\_\_

Applicant agrees to pay all invoices by the 10th of the month following, unless other terms are arranged.

Authorized Signature of Company Representative: \_\_\_\_\_

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

Please give this form to our representative or fax to 902-893-7372.