



# CONFIDENTIAL ACCOUNT APPLICATION

Please print this form and fill out all fields.  
You may either send by fax to 905 525 6700  
Or scan and e-mail to info@525blue.com.

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

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

Mailing Address: (if different) \_\_\_\_\_

Trade Name: (if different) \_\_\_\_\_

If Subsidiary, Parent Company is: \_\_\_\_\_

Address \_\_\_\_\_

Length of time in business: \_\_\_\_\_ P.O. Number (if required) \_\_\_\_\_

Federal Sales Tax # \_\_\_\_\_ Provincial Sales Tax # \_\_\_\_\_

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

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

## TRADE REFERENCES:

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

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

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

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

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

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

The above information is given for the purpose of obtaining credit and, in the event that credit is granted and an account opened, the undersigned agree(s) to pay all amounts owing and in the event payment is not made, to pay interest at a rate to be advised in writing from time to time. The undersigned consent(s) to the obtaining of credit and/or personal information as may be required in connection with the credit applied for.

DATE \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_