



112 Newkirk Road, Richmond Hill, ON L4C 3G3
Tel: 905-508-2199 Fax: 905-508-2183

ACCOUNT ASSIGNED	
DATE ISSUED	

C.O.D. ACCOUNT APPLICATION

Legal Company Name _____

Trading Name _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone # _____ Fax # _____ Cell # _____

Name of Owner _____

E-mail Address: _____

CONDITIONS

THIS ACCOUNT IS FOR TRACKING PURPOSES ONLY.

NO CREDIT WILL BE ISSUED ON THIS ACCOUNT.

PAYMENT must be made by Visa, Mastercard, Interac, or Cash at time of purchase. All non-stock ordered items require a deposit prior to sales staff placing order.

Returns must be accompanied by the purchase invoice.

ATTACH
BUSINESS CARD
HERE
(if available)

RECEIVED BY: _____ (Initials)