



Box 145, 1 Union Street, Elmira, ON N3B 2Z5
Phone (519) 669-1531
Toll Free (800) 265-6398
Fax (877) 806-3648

New Account Information Sheet

Type of Business: _____ **Category Code:** _____

Bill To:
Co Name _____ **Telephone:** _____
Address _____ **Fax** _____
City _____ **Prov.** _____ **PostalCode** _____
Ship To: (if different from above)

Co Name _____ **Telephone:** _____
Address _____ **Fax** _____
City _____ **Prov.** _____ **PostalCode** _____

Name of Person to Contact _____
Proprietorship () Partnership () Incorporated ()
Multi-Store or Franchise? () yes () no If yes, how many locations? _____
Commencement of Business (month/ year) _____

Name of Owner _____
Home Address _____ **Telephone** _____
City _____ **Prov.** _____ **Postal Code** _____

Bank
Name _____ **Telephone** _____
Branch _____
City _____ **Prov.** _____

I wish to pay my account by Visa/ Mastercard at time of shipping.
Card # _____ **Exp Date** _____
Card Holder _____ **Card H older's Signature** _____
A Copy of Visa/ MC slip will be mailed with invoice. No need for Trade References if this option is chosen.

Trade References
Name _____ **Telephone** _____
City _____ **Prov.** _____ **Fax No.** _____

Name _____ **Telephone** _____
City _____ **Prov.** _____ **Fax No.** _____

Name _____ **Telephone** _____
City _____ **Prov.** _____ **Fax No.** _____

Note: 2% per month interest charged on past due accounts. The undersigned has read the above, and gives authorization for Edenborough Ltd. to verify, share and exchange credit information.

Signature _____ **Position** _____

Ontario residents must fill out a Retail Sales Tax Exemption Certificate.