

New Account Form

Tropical Graphics CN

TEL: 416-368-1141 FAX: 416-368-9100

WEB: www.tropicalgraphics.ca EMAIL: info@ tropicalgraphics.ca

Contact name:	
Company name:	
Phone:	
Fax:	
E-mail	
Web site	

ADDRESS: Shipping	ADDRESS: Billing

Payment	
Credit Card:	
Account Number:	
Expiry date:	
Name on Card	

Printer type	Operating system	Applications used:
1-		1-
2-		2-
3-		3-
4-		4-

Credit Application

Tropical Graphics CN

TEL: 416-368-1141 FAX: 416-368-9100

WEB: www.tropicalgraphics.ca EMAIL: info@ tropicalgraphics.ca

Contact name:	
Corporation Type:	
Company name:	
Phone:	
Fax:	
E-mail	
Web site	
Type of Organization:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other *

Bank Reference	Name:	Phone:
Account Number		
Address:		

Trade Reference	Address	Telephone Number
1		Phone: Fax:
2		Phone: Fax:
3		Phone: Fax:
4		Phone: Fax:

Estimated Credit Requirement: _____

I/ We make this application for the purpose of opening a charge account and certify that the above information is correct and complete. I/ We authorize the verification of the above information;

I/ We understand that the FULL PAYMENT is due upon the receipt of the statement.

Date: _____ Signature _____ Title: _____

For office use only:

Credit limit \$: _____ Approved by: _____ Date: _____ P.S.T. Exemption #: _____