



20 Regan Road, Unit 5,  
Brampton, Ontario, L7A 1C3.

APPLICATION FOR CHARGE ACCOUNT

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMPLOYEE TO CONTACT \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

AUTH. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: Accounts Are Billed Monthly.  
All Accounts Are Due And Payable Upon Receipt.

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OFFICE USE ONLY:

Charge Account No. \_\_\_\_\_

Approved By \_\_\_\_\_

Comments \_\_\_\_\_

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