



ACCOUNT APPLICATION FORM

Please print, sign and fax your credit application at this number :
450-687-7386 or 1-800-648-3646

(PLEASE PRINT OR USE ADOBE ACROBAT)

Company Name				Inc. <input type="checkbox"/>	Ltd. <input type="checkbox"/>	Reg'd. <input type="checkbox"/>	Professional* <input type="checkbox"/>	Date Year Month Day			
Address				Name of Owner, President or Professional					Type of Business		
City		Province		Postal Code		Company in business since : _____		Number of Employees: Office _____ Others _____			
Phone		Fax			E-mail						
Shipping Address (if different)				Amount required by month: \$ _____		Purchase order required Yes <input type="checkbox"/> No <input type="checkbox"/>					
City		Province		Postal Code		Accounts Payable Clerk					
Buyer's Name			Purchasing Manager's Name			Current Supplier					
Do you want a monthly statement? Yes <input type="checkbox"/> No <input type="checkbox"/>				If YES, indicate by : E-mail <input type="checkbox"/> Fax <input type="checkbox"/>				E-mail address, if applicable			
Do you have an account under another name? Yes <input type="checkbox"/> No <input type="checkbox"/> Account number: _____				Name of Building Owner							
Are you waiting for your account to be opened to place an order? Yes <input type="checkbox"/> No <input type="checkbox"/>				Address							

Name of Main bank			Account Number (obligatory)			How many years?		
Address		City		Province		Phone		
Name of 3 suppliers			Phone (obligatory)			Fax (obligatory)		
1)								
2)								
3)								
I agree to respect the term NET 30 DAYS and authorize Denis Office Supplies and Furniture Inc. to obtain or exchange personal information with any personal information agent towards establishing or verifying my financial standing. (signature obligatory)								
Signed:				Title:				

Credit office:					OFFICE USE ONLY				
1)									
2)									
3)									
Credit Limit		Computer Number			Date		Initials		
No.:	Product and Service Consultant (internal)				No.:	Corporate Sales Representative			