



SUSAN MURRAY

For an event they'll never forget.

>>> APPLICATION FOR NEW ACCOUNT

Company Name: _____ **Date:** _____

BILLING ADDRESS

Street: _____

City: _____

State/Prov: _____ Zip/Postal: _____

Phone: _____

Fax: _____

Email: _____

Owner: _____

A/P Contact Person: _____

In Business Since (Year): _____

SHIPPING ADDRESS

Street: _____

City: _____

State/Prov: _____ Zip/Postal: _____

Phone: _____

Fax: _____

Buyer: _____

P.S.T. Exempt: _____

Bank Name: _____ Contact: _____

Transit #: _____ Account #: _____

Address: _____

Tel: _____ Fax: _____

#1 Trade Reference: _____ Contact: _____

Email: _____ Tel: _____ Fax: _____

#2 Trade Reference: _____ Contact: _____

Email: _____ Tel: _____ Fax: _____

CREDIT REPORT AUTHORIZATION - I authorize TD Canada Trust to obtain such factual and investigative information about me from appropriate sources as permitted by law. **Signature:** _____ **Date:** _____

OFFICE USE ONLY

Sales Rep: _____ Client: _____ Ship via: _____ Credit Limit: _____

Terms: _____ Approved by: _____ Date: _____