

2121 Argentia Road, Suite 202 Mississauga ON L5N 2X4 Tel:(905) 821-4739 Fax:(905) 821-4837

Company Information

Company Name:		Phone #:	
Address:			
Website Address:		Fax #:	
Parent Company Name:		Phone:	
Type of Business:	Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>	Public <input type="checkbox"/> Private <input type="checkbox"/>	
Nature of Business:		Date Established:	
Annual Sales \$:		Annual Profit \$:	
Financial Statements Available on Request: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			

Contacts

Executive / Principal 1:	Name:		Title:	
	E-mail:		Contact#:	
Executive / Principal 2:	Name:		Title:	
	E-mail:		Contact#:	
Signing Officer 1:	Name:		Title:	
	E-mail:		Contact#:	
Signing Officer 2:	Name:		Title:	
	E-mail:		Contact#:	
Payables Contact:	Name:		Title:	
	E-mail:		Contact#:	

Primary Bank Reference

Name:		Account#:	
Address:			
Manager's Name:		Phone#:	
Present Line of Credit:		Percentage Used	

Vehicle Insurance

Insurance Company:			
Agent:		Phone#:	
Address:			
Policy#:		No of Vehicles :	
Coverage \$:		P.L/ P.D. \$:	
Collision Deductible \$:		Comp. Deductible \$:	

*** \$2,000,000.00 P.L. / P.D. coverage must be confirmed before order placement ***

Authorized Signature: _____	Dated this ____ day of _____ 20__
Print name: _____	

Please Fax Back to:	Bob Loucks	Fax #:	(905) 821-4837
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