



Phones Canada

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APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Legal Name of Firm or Business:

Contact Name:

E-mail:

Phone:

Ext:

Cell:

Fax:

Registered Company Address:

Field of Business:

Wholesaler

Retailer

Years Established:

EIN #:

Primary Business Activity:

Business Broker

Electronic Refurbisher

Reseller

Other:

Type of Business Organization:

Sole proprietorship

Partnership

Corporation

Other:

BUSINESS AND CREDIT INFORMATION

President/Owner:

Social Security:

DL #:

Vice-President/Owner (if Partnership):

Social Security:

DL #:

Accounts Payable Contact Name:

E-mail:

Phone:

Ext:

Cell:

Fax:

Bank name:

Banker Contact Name:

Bank address:

Phone:

City:

Province:

Postal Code:

Type of account:

Checking

Savings

Other:

Account Number:

ADDITIONAL INFORMATION

Authorized Buyer's Name:

Email:

Phone:

Ext:

Cell:

Fax:

Are purchase orders (PO) required?

Yes

No

BUSINESS/TRADE REFERENCES

Company name:

Contact Name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Company name:

Contact Name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Company name:

Contact Name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

AGREEMENT

1. All invoices over \$1,000 are to be paid within 3 days from the date of the invoice by electronic/ettransfer/wire transfer.
2. Claims arising from invoices must be made within 15 working days of receiving the product.
3. By submitting this application, you authorize and give Phones Canada to investigate your credit history/banking information and give permission to all business/trade references that you have supplied, to release information to us.

(Full Company Name)

(By Authorized Agent)

(Signature)

(Date)