



**Account Application
Interior Designers & Hospitality**

Business Name			
Address		City	Province Postal Code
Registered Legal Name		Please select one: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company	
Related Companies			
Telephone # ()	Fax # ()	E-mail address	In Business since:
PST #	GST#	R.I.D. Membership#	
Website:		E-mail address:	

Individual(s) Information

Name	Home Telephone # ()	Home Address
Name	Home Telephone # ()	Home Address

Bank & Trade References

Bank Name	Address	Telephone # ()	Account #
Supplier Name	Location/City	Telephone # ()	Fax # ()
Supplier Name	Location/City	Telephone # ()	Fax # ()

Applicant's Signature: _____

Date: _____

Submit to Head Office by fax.

Attn: Accounts Receivable
Fax: 604-327-1840

