18111 Trans-Canada
Kirkland, QC, Canada, H9J 3K1
Tél.: (514) 694-9111
Fax: (514) 695-5201

NEW ACCOUNT APPLICATION

Date: _____

APPLICANT

Registered Legal Business Name: _____ Operating Name: _____

Number of Stores (brick & mortar): _____ Retail Website Address: _____

PRINCIPAL TYPE OF BUSINESS

☐ Retail ☐ E-Commerce ☐ Hotel/Restaurant Wholesale ☐ Premium Incentive

If Retail, please specify:

☐ Kitchen ☐ Home ☐ Gift ☐ Sustainable Living ☐ Grocery ☐ Sports

☐ Books ☐ Coffee/Tea ☐ Pharmacy ☐ Hardware ☐ Other: _____

MAIN CONTACT INFORMATION

Name: _____ Job Title: _____

E-mail: _____ Tel: _____

ACCOUNTS PAYABLE INFORMATION

Name: _____ Job Title: _____

E-mail: _____ Tel: _____

BILLING ADDRESS

Address: _____

City: _____

Province: _____ Postal Code: _____

Tel: _____ Fax: _____

E-mail: _____

Preferred Method of Billing: ○ Mail ○ E- Mail

SHIPPING ADDRESS

Address: _____

City: _____

Province: _____ Postal Code: _____

Tel: _____ Fax: _____

Do you accept backorders? ○ YES ○ NO

If your order is delivered on a pallet, do you require inside delivery? ○ YES ○ NO
A surcharge may apply.

PAYMENT BY CREDIT CARD (VISA, MASTER CARD ONLY) OR EFT

Terms for the first 3 orders or year are pre-paid by credit card or EFT.
Our accounts receivables department will contact you to obtain your credit card information.

SIGNATURE

Signature: _____ Title: _____

Applicant Name: _____ Date: _____