



BUSINESS INFORMATION FORM

GENERAL INFORMATION

Legal Name: _____

Trade Name(s): _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Business Activity: _____ Year Established: _____

Corporation: Partnership: Sole Proprietorship: Other:

CONTACT INFORMATION

Business Contact: _____ Payables Contact: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

REFERENCES

Bank Name: _____ Vendor Name: _____

Account #: _____ Account #: _____

Address: _____ Address: _____

Telephone #: _____ Telephone #: _____

Fax #: _____ Fax #: _____

Contact: _____ Contact: _____

Vendor Name: _____ Vendor Name: _____

Account #: _____ Account #: _____

Address: _____ Address: _____

Telephone #: _____ Telephone #: _____

Fax #: _____ Fax #: _____

Contact: _____ Contact: _____

Authorization

Printed name and title _____

Authorized Signature _____

Date _____

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Initials _____