

## NEW ACCOUNT APPLICATION

All pages, sections must be completed

Type of account applying for: COD Company Cheque (upon approval)  Credit Card  Both

### COMPANY INFORMATION - (Copy of Business Registration may be Required)

Legal Company Name: \_\_\_\_\_

Other Trade Names: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_

Ontario PST # \_\_\_\_\_ Website: \_\_\_\_\_  
Ontario only - PST exemption certificate required

For Multiple shipping addresses please also fill out page 3

COMPANY PROFILE: Sole Proprietorship:  Partnership:  Corporation:

Date Founded: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Annual Sales Volume: \_\_\_\_\_ Sales Last Quarter: \_\_\_\_\_

### BANK INFORMATION - (Copy of VOID Company Cheque is Required)

Bank Name: \_\_\_\_\_ Account Manager: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province / State: \_\_\_\_\_ Province: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account #: \_\_\_\_\_ Branch: \_\_\_\_\_

### TRADE INFORMATION

(Please Provide 3 computer product trade suppliers) - for Account Consideration & OEM Purchases

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City / Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City / Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City / Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year

I do hereby certify that the information supplied to be true. I understand and agree to allow any credit verification that may be done to determine any type of credit to be extended on the basis of the information supplied. .

Further I acknowledge and accept to Telecommander Corp. obtaining the credit &/or personal information as may be required at any time, in connection with this (and any future) credit application

We reserve the right to decline or approve any application.

# Telecommander

825 Denison St., Unit 21,  
Markham, Ontario L3R 5E4  
PH (800) 741-6140  
Fax (905) 475-7594

## COMPANY CONTACTS

Signing Officer : \_\_\_\_\_ Sales Manager: \_\_\_\_\_  
Purchaser : \_\_\_\_\_

## CREDIT CARD AUTHORIZATION ( COMPLETE ONLY IF PAYING BY CREDIT CARD )

The Credit Card Holder as listed below, authorizes Telecommander Corp. to charge invoices for products and/or services sold to (" Company Name ") \_\_\_\_\_ on the credit card listed below;

Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shipping Address 2: \_\_\_\_\_(Optional)  
\_\_\_\_\_  
\_\_\_\_\_

Name of Credit Card Issuing Financial Institution \_\_\_\_\_

Type of Card (please check one) VISA  MASTERCARD

Credit Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Verification # \_\_\_\_\_

To process this form, photocopies or scans of the front and back side of the credit card must be included with this completed form.

Credit Card Holder: (PRINT NAME) \_\_\_\_\_ Phone #: ( ) - \_\_\_\_\_

Credit Card Holder: (SIGNATURE) \_\_\_\_\_

Statement Address: \_\_\_\_\_  
\_\_\_\_\_

(VISA, M/C Subject to a 2.3 % surcharge)

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Day / Month / Year

We reserve the right to decline or approve any application.

## Additional Company Shipping Addresses

### Additional Ship to Address:

Legal Company Name: \_\_\_\_\_  
Other Trade Names: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_  
Ontario PST # \_\_\_\_\_ Website: \_\_\_\_\_

### Additional Ship to Address:

Legal Company Name: \_\_\_\_\_  
Other Trade Names: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_  
Ontario PST # \_\_\_\_\_ Website: \_\_\_\_\_

### Additional Ship to Address:

Legal Company Name: \_\_\_\_\_  
Other Trade Names: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_  
Ontario PST # \_\_\_\_\_ Website: \_\_\_\_\_

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_ / /

Date: Day/ Month/ Year

I do hereby certify that the information supplied to be true. I understand and agree to allow any credit verification that may be done to determine any type of credit to be extended on the basis of the information supplied. .

Further I acknowledge and accept to Telecommander Corp. obtaining the credit &/or personal information as may be required at any time, in connection with this (and any future) credit application

We reserve the right to decline or approve any application.