

Quad Source
Canada INC.

Website: <u>www.quadsource.ca</u> Toll Free: 1-877-604-6899 Phone: 905-604-6899 Fax: 905-604-6799

## **ACCOUNT APPLICATION**

Company Legal Name:			Trade Name (if any)			
Billing Address:			City:	Province:	Post Code:	
Shipping Address (If o	different fro	m above):	City:	Province:	Post Code:	
Tel #:			Fax #:			
Email:			Website:			
Date Open / Incorporated:			Business Number:			
Gross Annual Sales \$			Number of Employees:			
Type of Business:						
[ ] Proprietorship	[ ] Partne	rship [ ] Corporatio	n [ ] Othe	ers		
Type of Business:						
[ ] Consultant [	] Retailer	[ ] Wholesaler [	] Others			
How did you hear abo	out us?					
[ ] Google/Search Er	ngine	[ ] Employer, name:				
[ ] Friend, referral co	mpany nan	ne:	[]	Others		
OWNERS / OFFIC	CERS *Ple	ase include an Acco	ounts Payab	le Contact	,	
Name	Title	Address		Tel#	# Email	
ACCOUNT TYPE	REQUES	TED:				
[ ] COD: Cash / De	ebit / EMT /	Wire / Credit Card				
[ ] Net Terms: Cred	dit Line Red	uested \$				



310a Alden Road, Markham, ON L3R4C1

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Bank Name:		Account #	Transit #				
Address:		City:	Province:	Post Code:			
Account Manager:		Email:					
Tel #:		Fax #:					
Credit Line: \$		Date Open:					
TRADE REFERENCE							
1. Company Name:	Address:	Address:					
Contact Person:	Title:	Tel #:	F	Fax #:			
Account #:	Date Opened:	Credit Limit:	-	Term:			
2. Company Name:	Address:	Address:					
Contact Person:	Title:	Tel #:	F	Fax #:			
Account #:	Date Opened:	Credit Limit:	-	Term:			
3. Company Name:	Address:						
Contact Person:	Title:	Tel #:	F	-ax #:			
	Date Opened:	Credit Limit:	-	 Геrm:			

Authorized Officer's Signature

Name & Title (Print)

Date