



CREDIT APPLICATION FORM FOR NEW ACCOUNT

Company name.....

Name Department/Title.....

Employee Number (if applicable)..... email.....

Telephone Number..... Fax Number.....

Address.....

.....

To be paid by Cheque/Credit card

Type/Number/Exp Date.....

Accounts Payable Contact..... Telephone.....

Authorized Signature.....

Please email this completed form to accounting@shopsys.ca or fax to 416 362 8664.

Shopsy's Use Only

Account Number.....

Terms.....

On behalf of Shopsy's.....

Date.....