

# Account Application

PROPRIETORSHIP                       PARTNERSHIP                       PROFESSIONAL

CORPORATION IN THE PROVINCE OF: \_\_\_\_\_

YEAR OF INCORPORATION: \_\_\_\_\_

Full name of business: \_\_\_\_\_

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

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Chief executive/director: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: (\_\_\_\_) \_\_\_\_\_

Registered/head office: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Number of years in business: \_\_\_\_\_ Annual sales: \_\_\_\_\_

Estimated annual purchases from Lifetronics: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Trade references (*state contact name, address, and telephone number*):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The above information is herewith submitted for the purpose of opening an account and I do hereby certify this information to be true.

GST # \_\_\_\_\_ PST # \_\_\_\_\_ (*or forward blanket form*)

Lifetronics' terms of payment are net 30 (thirty) days from the date of invoice.

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Email: [custsrv@lifetronics.com](mailto:custsrv@lifetronics.com)

