



# ACCOUNT APPLICATION FORM

Completed and signed form can be faxed to: 1-877-977-8177

## COMPANY INFORMATION (TO BE COMPLETED IN FULL)

CUSTOMER NAME (Business and Legal Names) \_\_\_\_\_

INVOICE MAILING ADDRESS \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

ATTENTION \_\_\_\_\_

PLEASE PRINT CLEARLY IN INK.

## SHIP TO ADDRESS: (if different from mailing address)

DELIVERY ADDRESS \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

SPECIAL DELIVERY OR ORDER INSTRUCTIONS \_\_\_\_\_

## ADDITIONAL INFORMATION

CONTACT NAME FOR PAYMENTS	TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
CONTACT NAME FOR ORDERS	TELEPHONE NUMBER	ESTD ANNUAL PURCHASES FRO G&T	
CONTACT NAME FOR SHIPMENTS	TELEPHONE NUMBER	NO. OF EMPLOYEES THIS LOCATION	
		OFFICE	TOTAL
DATE BUSINESS STARTED	PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INCORPORATED <input type="checkbox"/>	PARENT CO. NAME	
AFFILIATED COMPANIES, IF ANY	GRAND & TOY ACCOUNT NO.	ARE P/O's MANDATORY FOR ALL PURCHASES?	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

## TRADE REFERENCE INFORMATION

1) COMPANY NAME	CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER
2) COMPANY NAME	CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER
3) COMPANY NAME	CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER

## BANK INFORMATION

BANK NAME	CONTACT PERSON	TELEPHONE NUMBER
BRANCH ADDRESS	DATE ACCOUNT ESTABLISHED	ACCOUNT NUMBER

## OWNER INFORMATION

NAME	TITLE	HOME TELEPHONE NUMBER
RESIDENCE ADDRESS	CITY	PROVINCE
		POSTAL CODE

## OWNER IDENTIFICATION (For Charge Accounts, please provide at least two of the following for identity verification):

1. DRIVER'S LICENCE	PROVINCE	2. DATE OF BIRTH (M/D/Y)	3. SOCIAL INSURANCE NUMBER (Optional)
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## CREDIT CARD PAYMENT OPTION

CREDIT CARD TYPE: VISA  MASTERCARD  AMERICAN EXPRESS  DINERS CLUB / ENROUTE

CARDHOLDER NAME (PLEASE PRINT) \_\_\_\_\_ CARD NUMBER \_\_\_\_\_ EXPIRY DATE (M/Y) \_\_\_\_\_

I / We request that all purchases on the Grand & Toy account hereby applied for be billed to the above credit card number.

I / We understand that any purchases declined by the credit card company will be charged back to our Grand & Toy account.

CARDHOLDER SIGNATURE: \_\_\_\_\_ ACCEPTED ON (DATE): \_\_\_\_\_

## ACCOUNT AGREEMENT

**THE UNDERSIGNED HEREBY:** (a) Certifies the information contained in all parts of this document to be correct and requests that a charge account be issued by **GRAND & TOY LIMITED ("Grand & Toy")** to the Customer; (b) Accepts responsibility for the security and confidentiality of the account number; (c) Accepts as notice in writing of and consents to the obtaining of credit and/or any other information as may be required at any time in connection with the account hereby applied for and to the disclosure of any credit information concerning the Customer and/or principals with any credit reporting agency, credit bureau or any person or corporation with whom the Customer has or proposes to have financial relations; (d) Understands that the terms of sale are as stated on all invoices; (e) Agrees to a finance charge of 2.4% (28.8% per annum) calculated on any amount not paid by the due date; (f) Agrees to pay a \$25.00 service charge for any cheques returned unpaid by the bank for any reason; (g) Understands that all merchandise shall remain the property of Grand & Toy until the account has been paid in full; (h) Understands that all returned and accepted merchandise is subject to restocking charges. Grand & Toy reserves the right to withhold shipments to customers that do not meet these terms.

The undersigned warrants that he/she has read and accepts the terms and conditions noted above.

CUSTOMER'S SIGNATURE	PRINT NAME	TITLE	DATE
<b>OFFICE USE ONLY</b>	ORIGINATED BY	ACCOUNT NUMBER	CREDIT LIMIT
SALES UNIT	##	AUTHORIZED SIGNATURE	DATED APPROVED