

CUSTOMER ACCOUNT APPLICATION

DATE: _____

BUSINESS NAME: _____

(Trade Style)

LEGAL NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: () _____ FAX: () _____

CELL: () _____ E-MAIL: _____

TYPE OF BUSINESS: _____ # OF SERVICE VEHICLES: _____

DATE ESTABLISHED: _____ GST/HST REG # _____

PROPRIETORSHIP: _____ PARTNERSHIP: _____ CORPORATION: _____

COMPANY PRINCIPALS :

	Name	Position	Address	Phone No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

BANK: _____ TRANSIT # _____ ACCOUNT # _____

ADDRESS: _____ CITY/TOWN _____

TRADE REFERENCES: Major Suppliers

COMPANY: _____ FAX: _____ PHONE _____

COMPANY: _____ FAX: _____ PHONE _____

COMPANY: _____ FAX: _____ PHONE _____

CREDIT LIMIT REQUIRED: _____

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BENN AIR TEMP SUPPLIES – CUSTOMER ACCOUNT APPLICATION
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BY SIGNING THIS APPLICATION, YOU AUTHORIZE BENN AIR TEMP SUPPLIES TO CONDUCT, AT THEIR DISCRETION, A CREDIT INVESTIGATION TO VERIFY CREDIT WORTHINESS. FURTHER, IT IS AGREED AND UNDERSTOOD, THAT BENN AIR TEMP SUPPLIES RESERVES THE RIGHT TO GRANT OR REFUSE CREDIT BASED ON INFORMATION SUPPLIED OR OBTAINED FROM THIS INVESTIGATION

BENN AIR TEMP SUPPLIES UNDERSTANDS AND RESPECTS THE CONFIDENTIAL NATURE OF THE INFORMATION RECEIVED AND OBTAINED ON YOUR COMPANY. PLEASE BE ASSURED ALL INFORMATION OBTAINED WILL BE FOR THE USE OF OUR CREDIT DEPARTMENT ONLY AND WILL NOT BE DISCLOSED TO OTHERS.

SIGNATURE: _____
TITLE: _____

NAME (PRINT): _____
DATE: _____

PLEASE FAX THIS APPLICATION TO (905) 450-5016 ATTN: CREDIT DPT.

FOR CREDIT DEPARTMENT USE ONLY

Approved limit: _____ Verified by: _____ Date: _____

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