



APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Company name			
Contact name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Other	
Contact Phone			
Contact E-mail			
Delivery address			
BUSINESS AND CREDIT INFORMATION			
Date business commenced		Bank name	
How long at current address?		Registered company address	
Phone		Fax	
Billing E-mail			
BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
AGREEMENT			
<ol style="list-style-type: none"> 1. All Invoices must be paid no later than the 20th of the month following purchase. 2. Claims arising from Invoices must be made within seven working days. 3. By submitting this application, you authorise Toner Brands Limited to make direct inquiries into the Business/ trade references supplied. 			
SIGNATURES			
Signature		Signature	
Name and Title		Name and Title	
Date		Date	