

NEW ACCOUNT INFORMATION

Basic Billing Information

Legal Company Name _____	
Usual Trade Name _____	
Mailing Address _____	
Postal Code _____	
Home Address _____	Phone: _____
Telephone: _____	Fax: _____ Email: _____
Name of Person Authorizing Advertising _____	Title _____
Name of Accounting Contact _____	Title _____
Tearsheets Required with Invoice <input type="checkbox"/> Yes <input type="checkbox"/> No	

Business Information

Description of Business _____		Age of Bus _____	
Type of Organization <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company			
Name, Address and Telephone Number of each Proprietor/Partner/ Principal Officer			
Name	Address	Title	Telephone Number

Banking and Supplier/Trade References

Bank _____		
Branch _____		
Manager _____		
Telephone: _____ Fax: _____ Email: _____		
Name, address and telephone number of 3 suppliers with whom you regularly do business		
Company	Address	Telephone Number

I/We hereby apply to Metroland Media Group Ltd. for a credit account. The Undersigned hereby consents to the collection and use of personal information about me in accordance with The Personal Information Protection and Electronic Documents Act. Furthermore, I/we agree to maintain the account within the terms allowed as detailed on their invoices and those signing this application whether an officer or not, personally guarantee payment for all purchases on credit by the company/corporation.

Authorized Signature: _____ Date _____
 Social Insurance Number: _____ Date of Birth: _____
 Name & Title: _____ Salesperson _____

Credit Card Authorization: Visa Mastercard Amex
 Card Number: _____ Exp. Date _____
 Card Holder: _____ Signature: _____
 By signing this section, you authorize Metroland to apply purchases to this card