

ACCOUNT UPDATE

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