



CAPE CONTRACT FURNITURE

91 Citation Drive, Unit 9 & 10, Concord, ON Canada L4K 2Y8

Ph: (905) 660 0611 Fax: (905) 660 0525 Toll Free: (888) 343 2273 (cape)

NEW ACCOUNT INFORMATION

Firms Legal Name: _____

Address: _____

Shipping Address (if different): _____

Telephone #: _____ Fax #: _____

E-mail Address: _____ Web Site: _____

Principles Name & Title: _____

Years in Business: _____ Nature Of Business: _____

HST Exemption #: _____

For U.S. Customers-Tax ID # (For Customs Purposes): _____

BANK INFORMATION:

Name of Financial Institution: _____

Branch Address: _____

Telephone #: _____ Fax #: _____

Account Manager: _____ Account #: _____

TRADE REFERENCES:

1. Name: _____ Contact: _____

Address: _____

City: _____ Prov./State: _____

Telephone #: _____ Fax #: _____

2. Name: _____ Contact: _____

Address: _____

City: _____ Prov./State: _____

Telephone #: _____ Fax #: _____

3. Name: _____ Contact: _____

Address: _____

City: _____ Prov./State: _____

Telephone #: _____ Fax #: _____

We, the undersigned, hereby certify the above information to be true & correct. In conjunction therewith, we authorize and consent to the receipt and exchange of any and all credit information considered necessary by **CAPE CONTRACT FURNITURE INCORPORATED**. **CAPE CONTRACT FURNITURE INCORPORATED'S usual terms of sale are NET 30 DAYS and payment is due 30 days from invoice date.** By signing below we are agreeing to adhere to these terms, to be responsible for all charges incurred on our account, and that the above tax exemption numbers are true and correct. Should the terms of sale offered to our firm differ from the above, we shall be notified and concur to the given terms.

_____ **Date:** _____

Authorized Signature

Print Name of Signing Officer and Title