

Working Hand in Hand Since 1994

Toll Free: 1.800.529.5085 Local: 416.499.3088

Fax: 416.499.4929

448 McNicoll Ave, Toronto, ON, M2H 2E1

Part One: Basic Information (Please fill out all information	mation)
Business: ODaycare OPublic School OPrivate School OOther	Phone Number: Fax Number:
Name of Business:	Email: Website:
	_ Contact Name:
Legal Name of Company (if different):	OSupervisor OPrincipal OPurchaser
Address:	Principal Owner's Name:
	Accounts Payable Contact:
	Name:Title:
	Phone (and extension):
Part Two: Business Credit References (Please list to	wo business credit references associated to your business)
Name of Business:	Name of Business:
Address:	Address:
Contact Name	Contact Name
Phone Number:	Phone Number:
Name of Bank:	Contact:
Address:	
Phone Number:	
terms. I (we) hereby request you accept and fill our ord accordance with all terms specified on the invoice.	ove bank and/or trade references for the purpose of establishing credit ders for goods and agree I (we) shall pay for all goods supplied to us in I (we) further agree upon default of payment, I (we) will pay you in (18% per annum) from the date of default on the outstanding balance. this agreement.
Signature:	
Credit Limit Desired: \$	For Office Use Only: Credit Approved: \$