**ACCOUNT SET-UP FORM**

|  |  |  |
| --- | --- | --- |
| BUSINESS NAME | |  |
| MAILING ADDRESS | |  |
| CITY | PROVINCE | POSTAL CODE |
| SHIPPING ADDRESS |  |  |
| CITY | PROVINCE | POSTAL CODE |
| PHONE NUMBER | | FAX NUMBER |
| BUSINESS OWNERS NAME | |  |
| PST NUMBER | | GST NUMBER |
| BUYERS NAME | | ACCOUNTING CONTACT |
| PREFER CREDIT CARD PAYMENT? \_\_\_\_\_\_ YES \_\_\_\_\_ NO | | (Visa/MC only) |
| **CREDIT APPLICATION** (below only required if not paying by c.card) | | |
| BANK NAME | |  |
| ADDRESS | |  |
| CITY | PROVINCE | POSTAL CODE |
| CONTACT NAME | |  |

|  |  |
| --- | --- |
| **THREE REFERENCES WITH FAX NUMBERS** LIMIT REQUIRED $ | |
|  | |
| 1 NAME |  |
| ADDRESS |  |
| PHONE NUMBER | FAX NUMBER |
|  |  |
| 2 NAME |  |
| ADDRESS |  |
| PHONE NUMBER | FAX NUMBER |
|  |  |
| 3 NAME |  |
| ADDRESS |  |
| PHONE NUMBER | FAX NUMBER |

ALL INFORMATION WILL BE KEPT CONFIDENTIAL. PLEASE COMPLETE APPLICATION IN FULL.

THANK YOU FOR YOUR INTEREST IN B.Y. GROUP LTD.