**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.