

CUSTOMER ACCOUNT AGREEMENT

Customer Name:	
Address:	
City:	Postal Code:
Cell Telephone No.	Extension:
Business Telephone No.	Extension:
Provincial Tax #	
Nature of Business:	
Date of Incorporation or start of business:	
Name of people authorized to pick-up goods from our	establishment:
Do you require PO# for pick-ups. Written PO# or verb	al PO#
Banking Information:	
Branch Location:	
Checking Account:	
Name of Authorized Officer:	Telephone No.
Driver's License No.	
(Please provide photocopy)	
Credit References (Name, Address and phone numbe	rs):
1	
2	
3	
Terms and Conditions: 1. Minimum billing by mail is \$20.00 2. All Accounts shall be paid in full within 30 days. Accounts interest per annum and/or purchases less than \$20 are responsible for all use of and charge.	
	is true. You may obtain credit information about the applicant at any enection with any relationships between us or those which you or I may
DATED:	·
	(Please sign and print name)

Please send to ANGELO'S ELECTRIC LIMITED 125 Oakdale Road, Downsview, Ontario M3N 1W2

PLEASE NOTE ONLY COMPLETED APPLICATION WILL BE PROCESSED