



FAX # 807-223-3320

www.wilson.ca

COMMERCIAL ACCOUNT

FULL LEGAL BUSINESS NAME \_\_\_\_\_

OPERATING AS (if different from above) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ SHIPPING ADDRESS (if different from mailing address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TEL # \_\_\_\_\_ FAX # \_\_\_\_\_

OFFICERS OF COMPANY

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DOB \_\_\_\_\_ SIN# \_\_\_\_\_

(dd/mm/yyyy)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DOB \_\_\_\_\_ SIN# \_\_\_\_\_

(dd/mm/yyyy)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DOB \_\_\_\_\_ SIN# \_\_\_\_\_

(dd/mm/yyyy)

INDICATE IF BUSINESS IS A: PROPRIETORSHIP ( ) PARTNERSHIP ( ) LIMITED ( ) OTHER ( ) \_\_\_\_\_

LENGTH OF TIME IN BUSINESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

PERSONS AUTHORIZED TO CHARGE \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

A/P CONTACT \_\_\_\_\_ TEL # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BANK YOU DEAL WITH \_\_\_\_\_ HOW LONG \_\_\_\_\_

G.S.T. EXEMPT (Y/N) \_\_\_\_\_ If yes please provide a signed exemption certificate.

P.S.T. EXEMPT (Y/N) \_\_\_\_\_ If yes, please provide exemption # \_\_\_\_\_

ARE PURCHASE ORDERS REQUIRED (Y/N) \_\_\_\_\_

PLEASE PROVIDE A VALID EMAIL ADDRESS IF YOU WISH TO RECEIVE STATEMENTS AND INVOICES ELECTRONICALLY

\_\_\_\_\_

DO YOU REQUIRE ACCESS TO OUR ON-LINE STORE AND ACCOUNT INFORMATION (Y/N)? \_\_\_\_\_

IF "Y" PLEASE COMPLETE THE DETAILS BELOW.

E-MAIL ADDRESS (IF DIFFERENT THAN ABOVE) \_\_\_\_\_

PREFERRED LOGIN NAME FOR ON-LINE ACCOUNT \_\_\_\_\_

TRADE REFERENCES (businesses other than banks, currently extending you credit)

NAME: \_\_\_\_\_ FAX #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ FAX #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ FAX #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

THE CREDIT TERMS OF NET 30 DAYS AFTER WHICH INTEREST AT 1.5%/MONTH IS APPLIED, ARE ACCEPTABLE. I HEREBY AUTHORIZE THE PERSON OR FIRM TO WHOM THIS APPLICATION IS SUBMITTED, TO OBTAIN, AND SHARE WITH OTHER SUPPLIERS, SUCH CREDIT REPORTS OR OTHER INFORMATION AS MAY BE DEEMED NECESSARY IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF A CREDIT ACCOUNT OR FOR ANY OTHER DIRECT BUSINESS REQUIREMENT. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE \_\_\_\_\_ AUTHORIZED SIGNING OFFICER \_\_\_\_\_

WILSON REPRESENTATIVE \_\_\_\_\_

**PLEASE FAX OR EMAIL THE COMPLETED FORM TO:**

Wilson's Business Solutions  
PO Box 3005, 32 King Street  
Dryden ON P8N 1Z6  
PH: 807-223-3316 FAX: 807-344-2436  
E-Mail: accrecpaymts@wilson.ca