

# Elite Awards Customer Application

Please, fill in everything that applies to you:

Date: \_\_\_\_\_

Distributor  Manufacturer  Wholesaler  Retailer  End User  Other

Describe your products and services: \_\_\_\_\_  
\_\_\_\_\_

Corporation  Partnership  Proprietorship  Non Profit  Individual

Business Name: \_\_\_\_\_

Tax Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State : \_\_\_\_\_

Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Principal/Owner: \_\_\_\_\_

Contact Name for orders: \_\_\_\_\_

Treasurer or Payment Officer: \_\_\_\_\_

Years in operation: 2 or Less  3-5  6-8  9-12  13-18  19 or more

I will pay by: Net 30 day account  C.O.D  Visa  MasterCard  Amer Express

If you want a Net 30 Day Account, please complete the rest of this form. Otherwise, submission of this application means you certify that the above information is true and accurate, and you grant Elite Awards permission to verify it and to contact you.

## Elite Awards Customer Application

Current bank: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Account Number Savings: \_\_\_\_\_

Account Number Chequing: \_\_\_\_\_

Principal bank contact person: \_\_\_\_\_

*If at current bank less than six months, please, complete the following:*

Former bank: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Account Number Savings: \_\_\_\_\_

Account Number Chequing: \_\_\_\_\_

# Elite Awards Customer Application

Please list 5 current suppliers:

Name: _____	Acct #: _____
Address: _____	City: _____
Prov/State: _____	Country: _____ PC/Zip: _____
Tel: _____	Fax: _____
Contact person: _____	

Name: _____	Acct #: _____
Address: _____	City: _____
Prov/State: _____	Country: _____ PC/Zip: _____
Tel: _____	Fax: _____
Contact person: _____	

Name: _____	Acct #: _____
Address: _____	City: _____
Prov/State: _____	Country: _____ PC/Zip: _____
Tel: _____	Fax: _____
Contact person: _____	

Name: _____	Acct #: _____
Address: _____	City: _____
Prov/State: _____	Country: _____ PC/Zip: _____
Tel: _____	Fax: _____
Contact person: _____	

Name: _____	Acct #: _____
Address: _____	City: _____
Prov/State: _____	Country: _____ PC/Zip: _____
Tel: _____	Fax: _____
Contact person: _____	

I understand that the above information is given in confidence for the sole purpose of establishing a Net 30 Day Account with Elite Awards. I certify that the provided facts are true and accurate, and I grant Elite Awards permission to verify them, to obtain information concerning the standing of my accounts, and to contact me. The submission of this application will serve as proof of that permission.