

www.cleancloth.ca Email: orders@cleancloth.ca

## **ACCOUNT UPDATE FORM**

ADDRESS:	C	ITY:	PROV: _	POSTAL:		
SHIPPING ADDRESS:		CITY		_ PROV:	POSTAL:	
PHONE:	FAX:		EMAIL:			
IN BUSINESS SINCE:	TY	PE OF BUSINESS:				
A/P CONTACT NAME:	PI	H:	EMA	IL:		
PAYMENT METHOD: CI	HEQUE DIRECT D	EPOSIT				
PURCHASER NAME:	P	H:	EM	AIL:		
OWNER NAME:	PI	<del>վ</del> ։	EM <i>A</i>	AIL:		
DCT FVFNADTFD2 VFC	NO IS USE DET N		DU	ICINITEC NO.		
PST EXEMPTED? YES				_		
You will be required to		•		•		
Will you require the use Receiving Hours:	•					
Receiving Hours: Choose One: Forklift or		ock Available (yes)	/110)			
Lnoose One: Forklift or	Pallet Jack Available					
DANIK.			D.D.	ANCII.		
BANK: ADDRESS:						
			PH	JNE NO		
CREDIT REFERENCES COMPANY NAME	CONTACT NAME	CITY/PROV.		PHONE	FA	
SOMPAINT NAME	CONTACTIVALVIL	CITI/PROV.		FHONE	TA.	
	I		<u> </u>		l	
/We agree that the te	erms of sale are NET 3	0 DAYS and I/We	e also agre	e to pay serv	vice charges	
and/or reasonable col	lection costs, if when	my/our account	payments	are in arrea	rs.	
DATE		OWNER	or OFFICE	₹		
		<u>-</u>	•	duct whatever	personal	
		<u>-</u>	•	duct whatever	personal	
FOR INDIVIDUALS AND PR investigation you determined Si		to my above applica	tion.		personal	