



ACCOUNT APPLICATION

1135 Ringwell Drive | Newmarket, Ontario
L3Y 8T8 | (905) 830 1827

A BETTER PROMOTIONAL EXPERIENCE

PLEASE PRINT CLEARLY IN BLOCK LETTERS

REGISTERED LEGAL NAME:			TRADE NAME (IF ANY):		
MAIN CONTACT NAME:			MAIN CONTACT EMAIL:		
MAILING ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:	PHONE NO. ()	
SHIPPING ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:	PHONE NO. ()	
YEARS IN BUSINESS:		TYPE OF BUSINESS:			
ACCOUNTS PAYABLE NAME:		ACCOUNTS PAYABLE CONTACT INFO:			
		EMAIL:		TEL.:	

PREFERRED PAYMENT METHOD - EFT

I WOULD LIKE BALSAM PROMOTIONS EFT INFO FOR PAYMENT PROCESSING

PAYMENT METHOD - CREDIT CARD

CREDIT CARD #:	NAME ON CARD:
EXPIRY DATE:	CVC:
<input type="checkbox"/> I CONSENT TO HAVING MY CREDIT CARD INFORMATION KEPT ON FILE AND AGREE TO ALL GOODS BILLED IN FULL PRIOR TO SHIPMENT.	

NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

Duly authorized by the company to sign this agreement

FOR BALSAM PROMOTIONS OFFICE USE ONLY:

SALESPERSON: _____

REMARKS: _____

DATE: _____

CREDIT LIMIT APPROVED: \$ _____

ACCOUNT NAME: _____

TERMS OF PAYMENT (FROM DATE OF INVOICE): _____

EFFECTIVE DATE OF APPROVAL: _____
