

# CELADON

4350 Mainway, Burlington, ON, L7L 5R7, Canada. Ph: (905) 335-6444 Fax: (905) 335-7966

## New Account Information

Please type or print clearly; incomplete information will delay your order. Thank you.

Account Name: \_\_\_\_\_

Street & #: \_\_\_\_\_ City & State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Registered Business Name: \_\_\_\_\_ Date Business Established: \_\_\_\_ \_\_\_\_ \_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Buyer: \_\_\_\_\_ Business Manager: \_\_\_\_\_

Type of store: Gift store or boutique  China & glassware  Jewellery  Furniture   
Department or chain  Stationary store  Gallery  Other

Bank Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Street & #: \_\_\_\_\_ City & State: \_\_\_\_\_

### Trade References: Please complete in full

1. Name: \_\_\_\_\_ Street & #: \_\_\_\_\_

City & State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_ Street & #: \_\_\_\_\_

City & State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_ Street & #: \_\_\_\_\_

City & State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

**First orders Visa or Mastercard.** Subsequent orders 30 day terms on receipt of approved references.