

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.