

# CELADON

Manufacturers of Framed Prints and Mirrors.

4350 Mainway Dr. , Burlington, ON. L7L 5R7, Canada  
Phone: 905-335-6444 Fax: 905-335-7966

1-800-6677296

## NEW ACCOUNT INFORMATION

Please type or print clearly, incomplete information may delay your order. Thank you.

Account name: \_\_\_\_\_ Sales Tax #: \_\_\_\_\_

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

Zip 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 of chain  Stationary Store  Gallery  Other

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

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

### TRADE REFERENCES (Please complete in full)

1. Name: \_\_\_\_\_ Street & #: \_\_\_\_\_  
City & State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_ Street & #: \_\_\_\_\_  
City & State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_ Street & #: \_\_\_\_\_  
City & State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

First orders C.O.D. Visa or Mastercard. Subsequent orders 30 days term on receipt of approved references.