



Canadian Jasper Trading Co. Ltd.

OFFICE: 300 STEELCASE ROAD WEST, UNIT 30, MARKHAM, ONTARIO, CANADA, L3R 2W2

TEL: (905) 479-7667,7668

FAX: (905) 479-7684

In order to be considered for a credit application, you MUST be a Retailer. Only new customers are required to fill out this form. Instructions: Please print out a copy of this order form and fill out all the necessary information as accurately as possible. Once you have completed this form, please fax it to us at (905) 478-7684 or call us at (905) 479-7667 or (905) 479-7668. Once your form has been approved, our customer sales representatives will notify you.

Date of Application: _____

Approved By: _____

Company Information

Contact Person: _____
Company Name: _____
Street Address: _____
Province: _____
Postal Code: _____
Phone #1: _____
Phone #2: _____
Fax Number: _____
E-mail (if available): _____

Type of Business Operation (X):

<input type="checkbox"/>	Sole Proprietor
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Corporation

Date of Establishment (mm/dd/yy): _____

Present Ownership Since (mm/dd/yy): _____

OWNERS (Or, Officers of the Corporation)

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

TRADE REFERENCES

Company Name: _____	Company Name: _____
Street Address: _____	Street Address: _____
Province: _____	Province: _____
Postal Code: _____	Postal Code: _____
Phone #1: _____	Phone #1: _____
Phone #2: _____	Phone #2: _____
Account Number: _____	Account Number: _____

BANK REFERENCES

Name of Bank: _____	Name of Bank: _____
Street Address: _____	Street Address: _____
Province: _____	Province: _____
Postal Code: _____	Postal Code: _____
Phone #1: _____	Phone #1: _____
Phone #2: _____	Phone #2: _____
Account Number: _____	Account Number: _____
Contact Officer: _____	Contact Officer: _____

**The information provided on this application is kept strictly confidential.*