



NEW ACCOUNT APPLICATION
type or print legibly in ink

Please complete and fax to
403-264-8711

Registered Company:		Store Name:	
Corporation? (Yes/No)	Fiscal Year End:	Year Business Started or Incorporated:	
Corporation Jurisdiction:			
Shipping Address:			
City:	Province/State	Postal Code:	
Tel: ()	Fax: ()	E-mail	
Billing Address:			
City:	Province/State	Postal Code:	
Accounts Payable Name:			Tel: ()
Accounts Payable Email:			

Name of Principals	1.	Tel: ()
	2.	Tel: ()
Bank:	Address:	
Account Manager:	Operating Account Number:	Tel: ()

Do you lease or own?	How long at current location?
Lease Landlord:	Tel: ()
Own Mortgagee:	Tel: ()

Payment Terms Request:	_____ Days	Credit Limit Request: \$ _____	JBT RATING:
VISA Account Number:	-----/---		Cardholder Name:
D&B Number:	US Tax ID#:		

List three firms from whom you purchase on a regular basis:

1.	Address:	Fax: ()
2.	Address:	Fax: ()
3.	Address:	Fax: ()

I/We agree Inland Mercantile Inc. may obtain, at its discretion, such business or personal information as it requires pertaining to the applicant's financial relations and may disclose business or personal financial information about the applicant to any credit reporting agency or to any person with whom the applicant has, or proposes to have financial relations. By signing this form, I further agree to the attached Terms and Conditions of Sale.

Signature of Applicant ↑	Title ↑	Date ↑
Fax completed form using our toll free line at 1 800 516 2646 (Canada only) or (403) 264 8711 (Outside Canada)		

For office use only

Credit Agency:	Inquiry Date:	Response Date:	Code:
Reference 1:	Inquiry Date:	Response Date:	Code:
Reference 2:	Inquiry Date:	Response Date:	Code:
Reference 3:	Inquiry Date:	Response Date:	Code:
Approved by:	Terms:	Limit:	Date: