



**eDist Canada Corp, LLC
New Account Form**

2001 Huron Church Road, Windsor, Ontario N9C 2L6

Return Completed Documents to:

EMAIL canfinance@edist.com

FAX 866-990-9668

This is a fill able form, click on the required field to type information.

Today's Date

Exact Name of Company

Trade Name (DBA)

Dun & Bradstreet #

Business Registration Number

Mailing Address Line 1

Mailing Address Line 2

City

Province

Postal Code

Ship To Address Line 1

(if different than above)

Ship To Address Line 2

City

Province

Postal Code

Daytime Phone Number

Fax Number

Company Website Address

Authorized Purchasing Agent #1

Authorized Purchasing Agent #2

Are PO's Required on your Orders?

YES NO

Accounts Payable Contact Name

Accounts Payable Phone Number

Accounts Payable Fax Number

Email Address Where Notifications are to be Sent

Email Address Where Invoices are to be Sent

Year your Company was Established

Number of Employees

Have you ever Bought from eDist?

YES NO

If Yes, What is Your Account #

Estimated Monthly Purchases from eDist

Please provide the following information on the principles of the company

Name

Title

Date of Birth

Home Address

City, Province, Postal Code

Home Phone Number

Are you buying merchandise for resale?

YES NO

If Yes, please fill out appropriate tax exempt form.

What is your principal line of business?

- | | | |
|--|---|---|
| <input type="checkbox"/> Computers / IT | <input type="checkbox"/> Security Equipment | <input type="checkbox"/> Audio / Video |
| <input type="checkbox"/> Business Machines | <input type="checkbox"/> Software | <input type="checkbox"/> Hardware Store |
| <input type="checkbox"/> Office Products | <input type="checkbox"/> Internet Reseller | <input type="checkbox"/> Other (<i>please specify</i>)..... |

What is the formation of your company?

- | | | |
|--------------------------------------|---|------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other (<i>please specify</i>)..... | |

How did you hear about us?

- | | | |
|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> Referral | <input type="checkbox"/> Catalog | <input type="checkbox"/> Website |
| <input type="checkbox"/> Trade Show | <input type="checkbox"/> Flyer | |
| <input type="checkbox"/> Other (<i>please specify</i>)..... | | |

What markets do you serve?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Assistive |
| <input type="checkbox"/> Business | <input type="checkbox"/> Government |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Other (<i>please specify</i>)..... |

Please choose one of the following finance options

- CREDIT TERMS and E-BILLING with ONLINE PAY**
This will provide you with the convenience of receiving and paying your bills online. Once your application has been reviewed we will provide you with your terms and the online access information. This information will be sent to the “Notifications” email address you provided.
- CREDIT TERMS and E-BILLING with LOCKBOX PAY**
You will receive your invoices electronically but you are choosing to mail us a check rather than pay online. Once your application has been reviewed we will provide you with your terms and the lockbox details. This information will be sent to the “Notifications” email address you provided.

Application for Credit Terms

Company Name

BUSINESS REFERENCES THAT EXTEND YOU CREDIT - Please give complete names and addresses of trade references. Please do not submit credit card companies. They will not confirm.

Vendor Name	Vendor Name
Address	Address
Account #	Account #
Contact Name	Contact Name
Phone #	Phone #
Fax #	Fax #
Email	Email

Vendor Name	Vendor Name
Address	Address
Account #	Account #
Contact Name	Contact Name
Phone #	Phone #
Fax #	Fax #
Email	Email

BANKING INFO

Checking Account #	Loan Account #
Bank Name	Bank Name
Bank Address	Bank Address
Account #	Account #
Phone #	Phone #
Fax #	Fax #
Contact Name	Contact Name
Authorized Signer	
Authorized Signer	

SIGNATURE REQUIRED

I certify that the above information is true and I authorize eDist Canada Corp, LLC (eDist Canada) to contact any named source to verify any data. I am aware that eDist Canada will rely upon this information in extending credit to me. The above information may be used in collection of debt. I agree that the laws of the Province of Ontario shall apply to all issues arising between parties and shall be the exclusive jurisdiction as to all disputes. My account privileges may be canceled or altered by eDist Canada at any time. I agree to eDist Canada terms and conditions of sale as posted on their web site. In the event of a default I will be responsible for payment of the principle balance plus interest and all costs incurred in the collection of my debt.

_____ Signature of Officer, Principal or Owner	_____ Title
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_____ Printed Name	_____ Date
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