



PINE RIDGE ART - U.S. NEW ACCOUNT APPLICATION

I request an account on a 30-day basis; and in consideration of this account and the sale of merchandise to me, I agree for myself or my company to pay all invoices in accordance with your general terms and conditions of sale as attached, and also should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant. Any action filed to enforce this contract may be filed in, and heard in, Markham, Ontario, Canada.

I hereby authorize the references listed below to furnish you information as to my company's financial status.

Signature: _____ Title: _____ Date: _____
(required)

PLEASE PRINT OR TYPE

BILL TO:

Company	<input type="text"/>	Date Founded	<input type="text"/>
D.B.A. <small>(Doing Business As)</small>	<input type="text"/>	Sales Tax	<input type="text"/>
Federal I.D. <small>(required)</small>	<input type="text"/>	Exemption	<input type="text"/>
Business Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
		Email	<input type="text"/>

SHIP TO: (Fill if different from BILL TO)

Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
		Email	<input type="text"/>

Your Business is a: **Corporation** **Partnership** **Proprietorship**

PRINCIPALS OR OFFICERS:

Name	<input type="text"/>	Name	<input type="text"/>
Social Security #	<input type="text"/>	Social Security #	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>

BANK REFERENCE:

Bank	<input type="text"/>	Account #	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
		Telephone	<input type="text"/>

CREDIT REFERENCES:

NAME	STREET ADDRESS	CITY/STATE/ZIP CODE	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE ALLOW 2-3 WEEKS FOR CREDIT APPROVAL

Credit references are not required from customers who wish to process payments on all invoices as they become due and payable by VISA or MASTERCARD as indicated on Credit Card Authorization Form.