



Corporate Tab Account Application



403-250-3476

info@cocobrooks.com

COMPANY INFORMATION

LEGAL TRADE NAME: _____

OPERATING NAME: _____

CONTACT INFORMATION

FIRST NAME: _____ LAST NAME: _____

PHONE #: _____ EMAIL: _____

ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL: _____

AUTHORIZED USERS FOR THIS ACCOUNT

1) FIRST NAME: _____ LAST NAME: _____ PHONE #: _____

2) FIRST NAME: _____ LAST NAME: _____ PHONE #: _____

3) FIRST NAME: _____ LAST NAME: _____ PHONE #: _____

4) FIRST NAME: _____ LAST NAME: _____ PHONE #: _____

P.O REQUIRED? YES NO

ALL INVOICE TO BE EMAILED TO:

FIRST NAME: _____ LAST NAME: _____ PHONE #: _____

EMAIL ADDRESS 1: _____

EMAIL ADDRESS 2: _____

BUSINESS INFORMATION

NATURE OF BUSINESS: _____

TYPE OF BUSINESS: (SELECT 1) PROPRIETORSHIP PARTNERSHIP CORPORATION

HAVE YOU EVER BEEN INVOLVED IN A RECEIVERSHIP OR BANKRUPTCY?

YES NO IF YES, WHEN? _____

GST #: _____ PST #: _____

TRADE REFERENCE

1) COMPANY NAME: _____

PHONE #: _____ EMAIL: _____

ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL: _____

2) COMPANY NAME: _____

PHONE #: _____ EMAIL: _____

ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL: _____

I/we hereby authorize Coco Brooks Inc. to proceed with, now and when required; whatever credit investigations (consumer and commercial) considered necessary to establish and maintain a credit account.

I/we also agree, if a credit account is granted, to pay all invoices within terms of sales; to pay interest charges of 2 per month on any overdue balances; and that credit privileges may be revoked at Coco Brooks Inc's discretion.

FULL NAME: _____ TITLE: _____ DATE: _____