

THE REENA GROUP OF COMPANIES

NEW CUSTOMER FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Business Number		Date business commenced	
Company name		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	<input type="checkbox"/> Total Health Centre <input type="checkbox"/> Canadian Analytical Laboratories <input type="checkbox"/> MCS Associates Inc.
Trading as			
Phone / Fax			
E-mail		Projected sales	
Registered company address City, State, ZIP Code		Reena Sales Contact	

ACCOUNTING CONTACT INFORMATION

Payables Name:		Operations Name:	
Job Title		Job Title	
Phone		Phone	
E-mail		E-mail	
Preferred payment method	<input type="checkbox"/> Wire/EFT <input type="checkbox"/> Credit <input type="checkbox"/> Cheque	Website:	

OWNERS/ DIRECTORS INFORMATION

Title		Phone	
Name		E-mail	
Title		Phone	
Name		E-mail	
Title		Phone	
Name		E-mail	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 7 working days of the date of Invoice.
3. Credit Card on file: Your Credit card will be charged at Net 30 with your authorization. Payment Receipts will be sent via email, unless set up differently by the accounting office.
4. I authorize this organization to request a consumer and business credit report for purposes of determining my current and continued credit worthiness. The permissible purpose(s) for which the report is being obtained certifies the report will not be used for any other purpose. I understand that this organization will be requesting a consumer credit and business report in conjunction with this commercial business application. I release all such persons from any liability or damages that may be incurred as a result of such information. I certify that the information on this application is true and complete. Additionally, I agree to all of terms and conditions as outlined above.

PAYMENT INFORMATION

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
Expiry Date		
Card #		
Cardholder Name		
CVC		

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	