

TAI LUNG GROUP

NEW ACCOUNT APPLICATION

BUSINESS CONTACT INFORMATION

Title:			
Store name:			
Phone:	Fax:	E-mail:	
Billing address:			
City:	Province:	Postal Code:	
Date business commenced:			
Sole proprietorship: Y / N	Partnership: Y / N	Corporation: Y / N	Other:

BUSINESS AND CREDIT INFORMATION

Shipping address: <small>(if different from above)</small>			
City:	Province:	Postal Code:	
How long at current address?			
Phone:	Fax:	E-mail:	
Bank name:			
Branch:	Phone:		
Type of account	Account number		
Savings <input type="checkbox"/>			
Checking <input type="checkbox"/>			
Other <input type="checkbox"/>			
Terms requested:	COD <input type="checkbox"/>	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/> Net 30 <input type="checkbox"/> <small>(Subject to credit history)</small>
Name on card:			
Card No. / Exp. Date:			
If trade references are slow to respond, will you accept VISA terms on the first order? Y / N			

BUSINESS/TRADE REFERENCES

Note: Trade references are not required if choosing VISA or MASTERCARD terms.

Company Name & Contact:			
Address:			
City:	Province:	Postal Code:	
Phone:	Fax:	E-mail:	
Company Name & Contact:			
Address:			
City:	Province:	Postal Code:	
Phone:	Fax:	E-mail:	
Company Name & Contact:			
Address:			
City:	Province:	Postal Code:	
Phone:	Fax:	E-mail:	

AGREEMENT

1. I confirm that the information given above is factual and correct.
2. By submitting this application, you authorize Tai Lung Group to make inquiries into the banking and business/trade references that you have supplied.
3. Tai Lung reserves the right to modify the payment terms at any time based on your credit history.

Signature:	Date:
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FOR OFFICE USE ONLY

Credit Limit:		Rating:		Approved By		Date:	
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