

**APPLICATION FOR NEW ACCOUNT AND CREDIT**  
**CARD AUTHORIZATION**

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> CORPORATION    | NAME OF PRINCIPAL OWNER: _____ |
| <input type="checkbox"/> PARTNERSHIP    | NAME OF PARTNERS: _____        |
| <input type="checkbox"/> PROPRIETORSHIP | NAME OF OWNER: _____           |

YEARS IN BUSINESS: \_\_\_\_\_

P.S.T/ H.S.T # \_\_\_\_\_

*This form authorizes Tromart Awards Ltd. to keep this form on file.  
To be used for all orders placed by my company.*

**CREDIT CARD NUMBER**

VISA/MC # \_\_\_\_\_

THREE DIGIT NUMBER ON BACK: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

SIGNATURE OF PERSON ON CARD: \_\_\_\_\_

**PLEASE COMPLETE THE ABOVE INFORMATION, SIGN AND FAX TO**  
**TROMART AWARDS LTD.**  
**Fax # 905-612-8885**

**TROMART AWARDS LTD.**  
2782 SLOUGH STREET, MISSISSAUGA ON L4T 1G3

FAX # (905) 612-8885  
PHONE # (905) 612-9990

**APPLICATION FOR CREDIT**

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

- CORPORATION                      NAME OF PRINCIPAL OWNER: \_\_\_\_\_
- PARTNERSHIP                        NAME OF PARTNERS: \_\_\_\_\_
- PROPRIETORSHIP                    NAME OF OWNER: \_\_\_\_\_

CREDIT LIMIT REQUESTED: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

P.S.T# \_\_\_\_\_ CREDIT CARD: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**TRADE CREDIT REFERENCES**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

**NOTE:** Approval of terms (NET 30) will deem all purchases to be subject to our standard terms and conditions as outlined in our current \*TERMS AND CONDITIONS\* printed in the most current catalogue and/or price list

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**CREDIT CARD AUTHORIZATION FORM**

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**CREDIT CARD NUMBER**

VISA/MC # : \_\_\_\_\_

THREE DIGIT NUMBER ON BACK: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

SIGNATURE OF PERSON ON CARD: \_\_\_\_\_

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**Fax # 905-612-8885**