



Centre for Health & Safety Innovation
 5110 Creekbank Road, Suite 100
 Mississauga, Ontario L4W 0A1
 Tel: (905) 219-0044 Toll-Free 1-866-432-2474 Fax: (905) 219-0009



New Account Application

| | | | |
|---|--|--|---|
| Legal Name | | | |
| Trade/Operating Name | | | |
| Billing/Mailing Address | | | |
| Street Address: | | | |
| City: | | Province: | Postal Code: |
| Telephone Number: | | Fax Number: | |
| Email Address: | | | |
| Market Source (How did you hear about CHSI?): | | | |
| Market Segment: | | | |
| Type of Company | | | |
| Proprietorship <input type="checkbox"/> | | Government <input type="checkbox"/> | Corporation <input type="checkbox"/> |
| Other (Specify) | | <input type="text"/> | |
| Reason for Application | | | |
| <small>(Please Check)</small> | | | |
| Purchase order required: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Initial Order <input type="checkbox"/> | Customer/Name/Address Change <input type="checkbox"/> |
| Date Business Opened: | | D&B# <input type="text"/> | HST# <input type="text"/> |

(Please include exemption certificates for the above)

Please list 3 references with complete addresses and telephone numbers :

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

I/We hereby authorize:

- Centre for Health & Safety Innovation to proceed with whatever credit investigation is necessary to process this application

If accepted as a customer of Centre for Health & Safety Innovation, I/We acknowledge/understand/agree:

- to pay service charges calculated at the rate of 1.5% per month, 18% per annum on overdue invoices
- that business may be delayed if my/our account balance is either past due or exceeds established credit line
- all invoices are due on receipt

Customer(s) Authorized Signature(s) _____ Date: _____

Print Name/Title: _____

07/2006 - AcctApp

Please send completed document to reservation@tchsi.ca