

CUSTOMER ACCOUNT APPLICATION FORM

Caledon Laboratories Ltd.

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Date: _____

Please Note: Our Terms are Net 30 Days

Company Name: _____

Billing Address: _____ Shipping Address: same, or:

Phone Number: _____ Fax Number: _____

Year Business Established: _____ Type of Business: _____

Website address: _____ Your Name: _____

President/Owner: _____ Email Address: _____

Purchaser: _____ Email Address: _____

Accounts Payable: _____ Email Address: _____

Amount of Credit Requested: _____ P.S.T. Extra or Exempt #: _____

Billing Currency: _____
 CDN Currency OR US Currency

Name of Bank: _____

Bank Address: _____

Credit Reference #1	Credit Reference #2	Credit Reference #3
Company: _____	Company: _____	Company: _____
Address: _____	Address: _____	Address: _____
Fax Number: _____	Fax Number: _____	Fax Number: _____
Telephone Number: _____	Telephone Number: _____	Telephone Number: _____

Routing Sheet Attached
 Initiated by: _____