

NEW ACCOUNT APPLICATION

Revised Jan. 04, 2010

Sales Representative: _____ **BUSINESS INFORMATION**

Legal Name:	Type of Business:
Trade Name:	In Business Since:
Address:	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>
City:	GST No: _____ PST No.: _____
Province/ State:	IRS No. (USA Only): _____
Postal/ Zip Code:	Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Advance Payment <input type="checkbox"/> Credit Terms ** <small>** Please note: all opening orders for new customers are under Advance Payment or Credit Card payment terms.</small>
Tel: () _____ Fax: () _____	
Mobile: () _____ E-mail: _____	

PRINCIPALS

Name:	Title:	Home Tel: () _____
Name:	Title:	Home Tel: () _____

BANK REFERENCES

Name of Bank:	Name of Contact:
Branch:	Address:
Chequing Account No:	Tel: () _____ Fax: () _____

TRADE REFERENCES

Firm Name (Five Required)	Account Number	Tel Number	Fax Number
(1)		()	()
(2)		()	()
(3)		()	()
(4)		()	()
(5)		()	()

ON-LINE ACCESS

CTG BRANDS's website allows customers to view product catalogue, place orders and check order status online. If you have read the attached Terms of Use and Privacy Policy and agree to them, you are welcome to register for an on-line access.

YES, I (we) have read the Terms of Use and Privacy Policy and would like to be registered for on-line access.
 Authorized contact person: _____ E-mail: _____

NO, please do not register me (us).

TO: CTG BRANDS INC.

We hereby give permission for you to contact the above bank and trade references for the purpose of establishing credit terms. You may accept and fill our orders for goods and we agree to pay for all goods supplied to us in accordance with the terms specified in the invoice. We further agree that upon default in payment we will pay you, in addition to the amount on any invoice for goods supplied by you, all your collection costs including attorney fees and legal expenses, plus interest at the rate of 1½% per month (18% annum) from the date of default on the outstanding balance. All sales orders placed by us will be subject to this agreement.

SIGNATURE: _____ **NAME (PRINT):** _____

TITLE: _____ **DATE:** _____

PLEASE FAX COMPLETED FORM TO: (905) 761-8028
 ATTENTION: CREDIT DEPARTMENT