



New Customer Account Application

Please fax to: Melanie Lungrin
 Fax: (416) 493-1692
 Tel: (416) 490-0121 or
 1-800-263-4057

Name & Mailing Address of Applicant

Legal Name	
Trading Name	
Street	
City	
Province	
Postal Code	

Type of Business

Proprietorship	
Partnership	
Corporation	Date of incorporation: _____ Where incorporated: _____ Is the company registered to carry on business in Ontario?: _____
Establishment / License # (copy enclosed)	
Other	
Tel #	
Fax #	

Shipping Address (If Different from Above)

Street	
City	
Province	
Postal Code	

Commodity taxes

GST #	
HST #	
PST VENDOR #	

Owner(s), Partners, Directors (if a Corporation) Signing authority:

NAME	TITLE	TELEPHONE NO.	FAX NO.

Detailed nature of business: _____

Company Contact Information

Authorized Buyer		Telephone Number	
Email Address		Fax Number	

Company Contact Information

Accounts Payable		Telephone Number	
Email Address		Fax Number	

Bank Reference

Bank		Contact	
Branch		Tel #	
Address		Fax #	

Trade References (Please provide 4 references)

COMPANY NAME	CONTACT NAME	TELEPHONE #	FAX #	E-MAIL ADDRESS

Ferring product (s) to be purchased direct: _____

I/We hereby represent that I/we are authorized to submit the application on behalf of the customer named above, and that the information provided for the purpose of obtaining credit is warranted to be true. I/we hereby authorize FERRING INC. to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection, legal, and interest may be charged to my company in the event of default or failure to pay for goods or services rendered. I/we further represent that the customer applying for the credit has the financial ability and willingness to pay for all invoices within established credit terms.

I/we, the undersigned, authorize FERRING INC. to obtain and/or personal information with Credit Grantors and Credit Reporting Agencies for the purpose of establishing or verifying my/our financial standing and/or that of the company.

Name _____ Signature (authorized signing officer) _____ Title _____ Date _____

Name _____ Signature (authorized signing officer) _____ Title _____ Date _____

OFFICE USE ONLY			
Customer #		Contact / Title	
Credit Limit		Telephone #	
Approval		Sales Rep #	