



MAZIN FURNITURE

H O M E L E G A N C E



scan and e-mail to: smichaud@mazinfurniture.com OR fax to: 905-761-1584
OR post to: 8080 Keele Street, Concord, ON L4K 2A3

ACCOUNT APPLICATION for NON-STOCKING CUSTOMERS

ACCURATE INFORMATION WILL ENSURE SPEEDY PROCESSING.

LEGAL BUSINESS NAME		CORPORATION		DATE OF INCORPORATION	
		PARTNERSHIP			
		SOLE OWNERSHIP			
BUSINESS OPERATING NAME		<input type="checkbox"/> SAME AS ABOVE		NAME OF PRINCIPAL / OWNER	
		YEARS IN BUSINESS UNDER THIS OPERATING NAME			
BUSINESS STREET ADDRESS		APT.		CITY	
				PROV	
				POSTAL CODE	
PHONE		FAX		E-MAIL	

G.S.T. REGISTRATION NUMBER		NATURE OF BUSINESS	
ARIDO REGISTRATION NUMBER		(Association of Registered Interior Designers of Ontario)	
SIGNATURE OF PRINCIPAL / OWNER		PRINT NAME	
		DATE	

HOME FURNISHINGS SUPPLIER #1		CONTACT NAME	
CITY		PHONE	
		DATE OF LAST PURCHASE	

HOME FURNISHINGS SUPPLIER #2		CONTACT NAME	
CITY		PHONE	
		DATE OF LAST PURCHASE	

HOME FURNISHINGS SUPPLIER #3		CONTACT NAME	
CITY		PHONE	
		DATE OF LAST PURCHASE	

I understand that my terms are 45% off suggested retail pricing plus HST. I will be responsible for all pick-ups and deliveries on orders and replacements and have the ability to effect minor deluxing as a furniture store would. I agree to pay by Visa or Master Card, certified cheque or cash before pick-up, and will give a 30% deposit on tag orders. I agree to pay a 30% re-stocking charge on product returned for full credit with no replacements.

SIGNATURE OF PRINCIPAL / OWNER PRINT NAME DATE

FOR OFFICE USE ONLY		
ACCOUNT	APPROVED	DATE