MAZIN FURNITURE
HOME ELEGANCE

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 PARTNERSHIP SOLE OWNERSHIP		DATE OF INCORPORATION
BUSINESS OPERATING NAME	☐ SAME AS ABOVE	YEARS IN BUSINESS UNDER THIS OPERATING NAME		NAME OF PRINCIPAL / OWNER
BUSINESS STREET ADDRESS APT.		CITY	PROV	POSTAL CODE
PHONE	FAX	E-MAIL		

G.S.T. REGISTRATION NUMBER	NATURE OF BUSINESS

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 OFICE USE ONLY		
ACCOUNT	APPROVED	DATE