



1 Union Street, Elmira, ON N3B 3J9  
 Tel: (519) 669-1531 | Toll Free: (800) 265-6398  
 Fax: (877) 806-3648 Email: [gifts@edenborough.com](mailto:gifts@edenborough.com)

**NEW ACCOUNT INFORMATION**

Type of Business: \_\_\_\_\_ Category code: \_\_\_\_\_

**Bill To:**

Co Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Please provide email address for email billing\*** \_\_\_\_\_

\*All billing will be done via email (One email address only)

**Ship to: (if different from above)**

Co. Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Name of Person to Contact** \_\_\_\_\_

Proprietorship (\_\_\_) Partnership (\_\_\_) Incorporated (\_\_\_) Multi-Store Franchise: **Y**(\_\_\_) **N**(\_\_\_)

If yes, how many locations? \_\_\_\_\_ Commencement of Business (month \_\_\_/year \_\_\_)

Name of Owner \_\_\_\_\_ Tel: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**I wish to pay my account by Visa/ MasterCard when invoice due (credit approved).**

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cardholder: \_\_\_\_\_ Signature \_\_\_\_\_

A copy of Visa/MC slip will be mailed with invoice. **No need for Trade References if this option is chosen.**

Trade References	Trade 1	Trade 2	Trade 3
Company Name:	_____	_____	_____
Fax #:	_____	_____	_____
Email Address:	_____	_____	_____

**Name of Primary Bank** \_\_\_\_\_ **Tel.** \_\_\_\_\_ **Fax.** \_\_\_\_\_

**Branch Address** \_\_\_\_\_ **Branch #** \_\_\_\_\_

The undersigned has read the above, and gives authorization for Edenborough Limited to verify, share and exchange credit information.

Signature \_\_\_\_\_ Position \_\_\_\_\_

Please Print Name: \_\_\_\_\_