

Please fax or e-mail
 Completed application to:
accounts@LMGroup.com
 Fax: 613-749-9820
 Credit Dept Ext: 3391



400 Hunt Club Rd
 P.O. Box 9702 Terminal
 Ottawa, ON K1G 4E9
 Phone: 613-741-0962
 Fax: 613-749-9820
 Website: www.LMGroup.com

CUSTOMER ACCOUNT INFORMATION FORM (US Funds)

Terms are subject to credit approval. If you are not requesting credit terms, omit sections 2 and 3, complete section 4.

1 - Company Information & Corporate Structure			
Company Name/ Legal Business Name			Length of Time Established
Address		City	State
Postal Code			
Phone		Fax	
A/P Contact Name		A/P Phone	
Applicant email		Send Invoice to email	
Legal Structure (check all that apply) Corporation <input type="checkbox"/> Sole Proprietor* <input type="checkbox"/> Partnership* <input type="checkbox"/> Non-profit <input type="checkbox"/> Other <input type="checkbox"/>			
*Name of Owner(s)/Partner(s)			
*Address of Owner(s)/Partner(s)			
President		Vice-President	
Federal Tax ID #		Exempt <input type="checkbox"/> Yes (Attach Form) <input type="checkbox"/> No	
Controller			
2 - Bank References			
Name of Bank		Phone	
Account #		Transit #	
Address		Account Manager	
Amount of Credit Required		Purchase Order Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signing Authority (Name of person authorized as Bank Signatory)			
Name:		Signature:	
3 - Trade References			
Company		Contact Name	
1.		Phone #	
2.		Fax #/ Email	
3.			
4 - Credit Card Payments (No terms requested. Note: Credit Card payment will be processed automatically)			
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex		Cardholder Name	
Card #		Expiry	
Cardholder Signature		Phone	
Please note surcharges as follows: 3% on Visa & Mastercard payments.			
5 - Certification and Authorization to release information			
I hereby certify that the information in this credit application is correct. The information included in this application is for the use of Lowe-Martin Company Inc. in determining the amount and conditions of credit to be extended. I understand that Lowe-Martin Company Inc. may also utilize other sources of credit information which it considers reliable in making the determination. Further, I authorize the bank and supplier references listed in the credit application to release the information necessary to assist Lowe-Martin Company Inc. in establishing a line of credit. <u>Note:</u> In the event that an order is placed where the credit limit is exceeded, we may request payment in advance or hold the order until payment is received. This may delay production of the order. <u>Terms:</u> Any amount not paid within 30 days from the date of the invoice is subject to interest at a rate of 2% per month/24% per annum. The customer agrees to pay any and all legal fees/Court costs/collection fees associated with any amounts not paid as per the terms set out herein. All payments by credit card are subject to a 3% surcharge payable by the customer.			
Applicant Name (Please Print)			Title
Applicant Signature			Date

For Lowe-Martin Use Only

Rep: _____ Acct #: _____ Credit Limit: _____ Terms: _____ Approval: _____