JF FABRICS INC.



ACCOUNT APPLICATION

Mail To: 2610 Sheridan Garden Dr., Oakville On. L6J 7Z4 Tel.: 800-361-7782 or Fax: 905-491-3903 or email: credit@jffabrics.com

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION BELOW

	☐ New Account	☐ Reactivation	Showroom	☐ Override/Share
Telephone Number Fax Number Cellular Number Parent Company Legal Business Name Trading Name Billing Address		Main Contact for AP AP Email Invoice Email Newsletter/Product Launch Email Contract Email Web Account Admin Shipping Address (if diffe		
Credit Limit Requested A Credit C		Terms Requested (choose		
COMMERCIAL INFORMATION Type ** MANDATORY ** Business's Legal Classification Premise	☐ Designer ☐ Drapery Workroom ☐ Sole Proprietor ☐ ☐ Owned		Retail Om Other Corporation	☐ Specifier , please specify:
Name of Mortgager or Landlord Address of Mortgager or Landlord Years in Business Resale Tax Number: (Copy Mandatory)	Telephone # Are Purchase Orders mandatory for all purchases? No			
PERSONAL INFORMATION Name of Owner and/or Partner Address (res.) Telephone # (res.)			Cellular #	
BANKING INFORMATION Bank Name Account # Branch Address Contact @ Branch			Fax #	
SUPPLIER REFERENCES: (LIST A Supplier Name 1 2	T LEAST 3 INDUSTRY F Email Addres		e Number	Account Number
The undersigned hereby certifies the above calculated on past due balances. A \$ 30.0 inclusive of credit reporting. All product sa The Undersigned has read and agrees to the Applicants Signature:	O service charge is applied for mples remain the property of	or returned checks: The unders f JF Fabrics Inc.	igned hereby agrees	
FOR CREDIT DEPARTMENT ONLY:	llesperson: A Hoke Raleigh	Showroom		