



CUSTOMER ACCOUNT APPLICATION FORM

Date: _____

1. BUSINESS INFORMATION:

Full Legal Name/Business Entity	Contact Name	PST Number	GST/HST No.
Billing Address	City	Province	Postal Code
Shipping address (If different from Billing Address)	City	Province	Postal Code
Phone Number	Fax Number	E-mail	

Shipping Method: Ship-out Pickup

2. CREDIT INFORMATION:

Amount of Credit Requested	Year Business Established	At Present Location Since	Own or Rent	Principal Business of Applicant
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Invoice Method: Fax Email

3. OWNERSHIP: PROPRIETORSHIP PARTNERSHIP CORPORATION

Owner's/Principal's Name	S.I.N. (Optional)	Date of Birth (DD/MM/YY)
Home Address	Home Phone	Home Fax

4. ACCOUNT REFERENCES:

1.

Company Name	Address		
Contact	Phone Number	Fax Number	Email

2.

Company Name	Address		
Contact	Phone Number	Fax Number	Email

3.

Company Name	Address		
Contact	Phone Number	Fax Number	Email



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5. BANK REFERENCE:

Bank Name	Address	Account Number
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6. CREDIT CARD PAYMENT AUTHORIZATION:

Name as it appears on the card	Type (Visa/MC)	Credit Card # and CVV #	Expiry (MM/YY)
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I, the Credit Card holder, authorize payment of all invoices from CBM on the above credit card. I understand that if any one invoice is past due, all outstanding invoices with CBM are due immediately. CBM then reserves the right to charge the above credit card for all outstanding invoices.

7. TERMS & CONDITIONS:

All amounts are payable on or before the term reflected on the invoice. Any invoice not paid on the said date will be considered delinquent. I/We agree to pay the delinquency fee of 2% per month computed on any amount past due from the term date until paid plus all reasonable collection fees, if it is necessary to collect through legal action.

Returned cheques will be charged an NSF fee of \$50, after which your account may be placed on a Cash in Advance or COD basis.

Purchase orders will be accepted as long as no terms other than set forth by CBM are included on the purchase order.

If credit is granted, I/we the undersigned, agree to the terms set forth above and acknowledge that credit privileges may be amended or withdrawn at the discretion of CBM at any time. We hereby personally guarantee payment of all obligations to CBM.

All indebtedness to CBM is due and payable at its corporate office.

The undersigned acknowledges and agrees that personal information in this credit application or provided subsequently, and personal information obtained from a credit/consumer reporting agency and/or financial institution, as described below, may be used by, collected by and/or disclosed to CBM for the following purposes: (i) evaluating the credit application and the undersigned's eligibility for credit, (ii) sales management and administration, including for credit, billing and collection purposes, (iii) marketing of goods and services, and (iv) as reasonable necessary to protect the business interests of CBM and its customers.

The undersigned further acknowledges and agrees, in connection with CBM making a determination in respect of this credit application, that (a) all information provided in this application is for the purpose of securing credit and warrants that it is true, correct and complete, (b) a credit/consumer report and other credit information containing personal information may be requested from a credit/consumer reporting agency and financial institution, (c) CBM is authorized to exchange with any credit/consumer reporting agency and financial institution credit information covering this application and details of any credit granted (including, without limitation, payment history relating to the credit granted) for the purpose of CBM determining creditworthiness and for the purposes of permitting other credit grantors to do the same., (d)

CBM is authorized to share information so received with CBM's affiliates. The undersigned may request CBM to inform the undersigned whether or not a credit/consumer report has been referred to in connection with this application, and the undersigned may request the name and address of the credit/consumer reporting agency supplying the credit/consumer report. The undersigned also agrees to receive electronic messages from CBM containing new, updates and promotions regarding CBM and its products and services. This consent can be withdrawn at any time.



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For Proprietorship/Partnership:

Owner's Name

Authorizing Signature

For Limited Companies:

Name of Authorized Signing Officer Job Title Signature Date (DD/MM/YYYY)

Name of Witness Job Title Signature Date (DD/MM/YYYY)

**** THIS APPLICATION MUST BE COMPLETED IN FULL TO OBTAIN CREDIT (SUBJECT TO APPROVAL) ****

IF CREDIT IS NOT REQUESTED, PLEASE COMPLETE CREDIT CARD PAYMENT AUTHORIZATION ABOVE. ALL ORDERS WILL BE PREPAID PRIOR TO PRODUCTION EITHER BY CREDIT CARD OR BY CERTIFIED CHEQUE.

'CBM' and 'Canadian Blind Mfg.' refers to Canadian Blind Manufacturing Inc. wherever stated.

In order for us to setup your account in our dealer database, please fill out the following questionnaire:

1) Where did you hear about CBM?

2) Who are your current suppliers for window coverings?

3) What's your annual sales revenue from window coverings?

4) What's your principal business?

5) Do you have a showroom with a product display of window coverings?

6) What geographical area does your business primarily cover?

7) What product are you more interested in?

Roller Shades Cellaris™ Honeycomb Shades Montage™ Zebra Shades Sheer Horizontal

Horizontal Blinds Vertical Blinds

8) How familiar are you with motorization options, app/voice control and home automation?

Very familiar Somewhat familiar Not familiar at all

9) Are you interested in training seminars and/or webinars?

Yes No

If yes, would you like to be enrolled for next available seminar in your territory? Yes No

10) Are you familiar with cordless products?

Yes No

11) Are you aware of Safety Standard of Window Coverings as mandated by Health Canada?

Yes No