



The PA Shop
 46 Charterhouse Crescent
 London, Ontario
 N5W 5V5
 Tel (519) 659-5030 / Fax (519) 659-8251
 Web: <http://www.pashop.com>
 Email: sales@pashop.com

Account Application Form

Please fax to (519) 659-8251
 attn: Accounts Receivable

Legal Name:

Operating Name:

Mailing Address:

Ship. Address:

Primary Contact:

Phone:

Fax:

Acct.Payable Contact:

Business/Reg. #

PST Exempt#:

| Organization Type | Nature of Operations |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Business |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Manufacturing/Industrial |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Restaurant/Bar/Night Club |
| <input type="checkbox"/> Government | <input type="checkbox"/> Production Services |
| <input type="checkbox"/> Primary/Secondary Education | <input type="checkbox"/> Mobile Disc Jockey |
| <input type="checkbox"/> Post-Secondary Education | <input type="checkbox"/> Live Band |
| <input type="checkbox"/> House of Worship | <input type="checkbox"/> Recording Studio |
| <input type="checkbox"/> League/Club/Association | <input type="checkbox"/> Multimedia/Video Production |
| <input type="checkbox"/> Charitable Organization | <input type="checkbox"/> Sports/Special Event Venue |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Authorized Personnel

Setup online account access : **yes** **no**

| | Name | Department/Position | Phone | E-mail (required for online account access) |
|----|------|---------------------|-------|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Bank Account Information

| Name | Branch | Account# | Address | Phone |
|------|--------|----------|---------|-------|
| | | | | |

Credit Card Information

| Name on Card | Type | Number | Expiry | Security Code |
|--------------|------|--------|--------|---------------|
| | | | | |

Credit References

| | Business Name | Contact | Address | Phone | Fax |
|----|---------------|---------|---------|-------|-----|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Payment Terms: Minimum purchase of \$20.00CDN. All purchases are due in full Net 15 days. Account processing fees will apply to any amounts outstanding after this period. Interest will be charged monthly at a rate of 24% per annum. NSF Charge of \$35.00 will be applied for all returned cheques. By signing below I certify that the above information is true and accurate and that I am authorized to make this application for credit. I hereby grant the PA Shop permission to check my organization's professional and credit references while processing this application.

| | |
|------------|-----------|
| Signed: | Date: |
| Full Name: | Position: |