

DIAMOND METALS

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NEW ACCOUNT CREDIT APPLICATION



Company Name: _____
Street Address: _____ P.O.Box _____
City: _____ City: _____
Province: _____ Postal Code: _____ Province: _____ Postal Code: _____
Phone: _____ Fax: _____
Date Business Started _____ President: _____
GST # _____ - _____ Sales Tax Exemption Cert. _____
Controller: _____ Phone: _____ Ext. _____
Accounts Payable Contact: _____
A/P Phone: _____ Ext. _____ A/P Fax: _____
A/P E-mail Address _____
Send Invoices via E-mail _____ or Via Fax _____
Purchasing Contact: _____ Phone: _____ Ext _____
Purchasing Email Address: _____
Customs Broker: _____ Phone: _____ Ext _____
Customs Broker Email Address: _____

Trade References

Vendor Name: _____
Street Address: _____
City, Province & Postal Code: _____
Phone: _____ Fax/Email: _____

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