



PO Box 88090  
RPO Levi Creek  
Mississauga, ON L5N8M1

ROBERT ALLEN BEACON HILL DURALEE HIGHLAND COURT  
BAILEY & GRIFFIN CLARKE & CLARKE LULU DK STUDIO G  
Customer Service 1-800-363-3020

ROBERT ALLEN DURALEE GROUP

# CREDIT APPLICATION

**PLEASE RETURN YOUR COMPLETED APPLICATION  
ALONG WITH A COPY OF YOUR RESALE CERTIFICATE TO:**

email: [cscanada@tradgroup.com](mailto:cscanada@tradgroup.com) fax: 800-463-0339

BUSINESS NAME \_\_\_\_\_ DATE \_\_\_\_\_ ACCT NO \_\_\_\_\_

## Financially Responsible Party

TRADE NAME (BILLING) \_\_\_\_\_

LEGAL NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ PROVINCE/POSTAL CODE \_\_\_\_\_

SHIPPING ADDRESS (NO PO BOX ALLOWED) \_\_\_\_\_ PROVINCE/POSTAL CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

RESALE TAX CERTIFICATE# \_\_\_\_\_ EMAIL \_\_\_\_\_

BUSINESS IS A  PROPRIETORSHIP  PARTNERSHIP  CORPORATION

TYPE OF BUSINESS \_\_\_\_\_ COMPANY WEBSITE \_\_\_\_\_ DATE EST \_\_\_\_\_

*The Robert Allen Duralee Group is required by law to collect sales tax in certain jurisdictions. It is the responsibility of the account to provide a resale certificate if applicable. The Robert Allen Duralee Group will charge sales tax if no resale certificate is provided in advance.*

## Contacts

ACCOUNTS PAYABLE/INVOICES

ORDER CONFIRMATIONS

PRODUCT INFORMATION

NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

FAX # \_\_\_\_\_

FAX # \_\_\_\_\_

I would like to receive invoices

I would like to receive confirmations

I would like to receive marketing

by email  Y  N

by email  Y  N

information by email  Y  N

**If Incorporated** Please provide name, home address, telephone number and email address of owner or authorized officer.

**1st**  
NAME \_\_\_\_\_

**2nd**  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/PROVINCE/POSTAL CODE \_\_\_\_\_

CITY/PROVINCE/POSTAL CODE \_\_\_\_\_

PHONE # \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

**Terms Requested**  NET 30 DAYS  PROFORMA  COD

*By signing this below you, in addition to your agreement to submission of this application to The Robert Allen Duralee Group for approval, you agree to submission of this credit application to companies we represent for approval. Approval of net 30 terms is at each of our discretions. We each reserve the right to refuse, close or restrict accounts. I/We will not use The Robert Allen Duralee Group images or logos to promote discounted sales events or discounts. Using The Robert Allen Duralee Group images in conjunction with sales/discounts may result in termination of account status.*

**SIGNATURE (Owner or Authorized Officer of Company)**

**DATE**



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**Bank Information**

BANK NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PROVINCE/POSTAL CODE \_\_\_\_\_  
PHONE # \_\_\_\_\_ BANK OFFICER \_\_\_\_\_

**Trade References** Minimum Three (3) Active Decorative Trade References

Name \_\_\_\_\_ Address \_\_\_\_\_  
Pcode \_\_\_\_\_ Acct # \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Pcode \_\_\_\_\_ Acct # \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Pcode \_\_\_\_\_ Acct # \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

ADDITIONAL CREDIT REFERENCES Please include Name, Address, Telephone Number and Account Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**About My Business** I have an existing book library  Yes  No

**Office Use Only**  
SALES REPRESENTATIVE \_\_\_\_\_ SALES REPRESENTATIVE # \_\_\_\_\_