

THE ROBERT ALLEN GROUP

Distributor to the Trade of Robert Allen and Beacon Hill fabrics

2880 Argentia Road, U#11, Mississauga, Ontario L5N 7X8

Phone: 905-826-7750/1-800-363-3020

Fax: 905-826-3446/1-800-463-0339

New
 Update

***** PLEASE PRINT *****

1. Account Requested with: Beacon Hill Robert Allen
* Approval to purchase Beacon Hill fabrics is solely at the discretion of Robert Allen Fabrics (Canada) Ltd.

2. Do you require Sample Books?

Account No.	
Rep	
Territory No.	
Segmentation Code	

PREFERRED SELLING TERMS: Open Net 30 C.O.D. Proforma (CBD) / CR Card

Visa or M/C # _____ exp. _____ Signature _____

A. If a Corporation, Corporate name _____

Trade name (if appropriate) _____

Address _____ City _____

Prov. _____ Postal Code _____ Telephone _____ Fax _____

Email Address _____

When you register with The Robert Allen Group, you give us your consent to process and use the submitted personal data to communicate with you about your order and to keep you informed of our special events or promotions.

B. Name of officers or owner(s):

C. Year established _____ D. Resale tax certificate number _____

BANK REFERENCES:

Name _____ Street / Rue _____

City _____ Prov. _____ Postal Code _____ Telephone _____

Account # _____ Bank Officer _____

TRADE REFERENCES (MINIMUM THREE (3) ACTIVE DECORATIVE TRADE REFERENCES)

1. Name _____ Address _____

P Code _____ Acct # _____ Phone _____ Fax _____

2. Name _____ Address _____

P Code _____ Acct # _____ Phone _____ Fax _____

3. Name _____ Address _____

P Code _____ Acct # _____ Phone _____ Fax _____

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Terms & Conditions:

I/we hereby authorize The Robert Allen Group to collect and use information from the above references, from credit reporting agencies and lending institutions for the purpose of granting credit to myself and/or my/our firm. Further authorization is given to update credit information as may be necessary to maintain my/our account in the future. I/we agree to pay all debts incurred within terms. Should the debt become past due, I/we agree to pay collection costs and/or legal fees incurred in connection with the collection of this account.

Signed _____
(Name of Firm)

by _____
(Signed by Proprietor/Partner or Officer)

All of the above information is confirmed as being true and correct dated this _____ day of _____, 20_____