

KRISH DECO LTD.

Deco & Deco

TRADE ACCOUNT APPLICATION

COMPANY NAME: _____

E-MAIL: _____

PHONE: _____ FAX: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

TYPE OF BUSINESS: (CHECK ONE):

____ SOLE PROPREITORSHIP ____ PARTNERSHIP ____ CORPORATION

PRINCIPAL BUSINESS ACTIVITY: _____ NO. OF YEARS _____

IDENTIFICATION:

STATE SALES TAX NO: _____

FEDERAL TAX ID NO: _____

OWNERS: _____

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE : _____

TRADE REFERENCES:

NAME & PHONE : _____

NAME & PHONE : _____

CHOOSE ONE OF THE FOLLOWING PAYMENT'S METHOD'S:

____ COD ____ VISA ____ BANK TRANSFER

IF PAYING BY CREDIT CARD THAN NAME AS PRINTED ON CARD:

CARD NUMBER: _____ EXP. DATE: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I AUTHORIZE KRISH DECO LTD. TO CHARGE THE AMOUNT WITHIN AGREED PAYMENT TERMS. I AGREE THAT UNPAID BALANCES WILL BE SUBJECT TO 1.5% PER MONTH INTEREST RATE. I AGREE TO PAY A \$ 25 CHARGE FOR RETURNED CHEQUES. I UNDERSTAND THAT PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

DATE APPLIED

NAME & SIGNATURE OF AUTHORISED PARTY

KRISH DECO LTD 319 DAVOS ROAD WOODBRIDGE ON L4H 4M7 CANADA

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Fax: + 905 553 8335