



# Hsin Framing & Moulding Co. Ltd.

#293-13986 Cambie Road Richmond BC V6V 2K3 Canada

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Email:order@hsinframing.com

Toll Free: 1-888-901-HSIN(4746)

## REQUEST TO OPEN AN ACCOUNT

### GENERAL INFORMATION

<b>Company Name :</b> _____	<b>DBA :</b> _____
<b>Billing Address :</b> _____	_____
_____	Province _____ Postal Code _____
<b>Shipping Address :</b> _____	_____
_____	Province _____ Postal Code _____
Telephone : (     ) _____	Fax:(     ) _____
<b>Type of Business</b> (Circle only one)	
Partnership / Sole Proprietorship / Corporation/ _____ Years in Business, _____ Number of Employees	

### PERSONAL

Name of Owner : _____		
Home Address : _____	Prov. _____	Zip Code _____
Telephone : (     ) _____	Fax :(     ) _____	_____
Account Payable Contact : _____	Phone : _____	_____

### BANK

Bank : _____	Branch : _____
Telephone : (     ) _____	Fax :(     ) _____
Bank Officer : _____	Account NO. # _____

### REFERENCE

PLEASE LIST THREE COMMERCIAL TRADE REFERENCES INCLUDE CUSTOMER#		
1. Name: _____	Account # _____	_____
Address: _____		
Telephone : _____	Fax : _____	Contact Person : _____
2. Name: _____	Account # _____	_____
Address: _____		
Telephone : _____	Fax : _____	Contact Person : _____

### STATE TAX ID REQUESTED ( HST ) \_\_\_\_\_

I(We)hereby authorize such credit inquires as may be deemed necessary to confirm and investigate my (our) income,liabilities,credit and financial responsibility.I (We) hereby consent to the release and disclosure to HSIN Framing & Moulding Co.,Ltd.of the above information sought by those inquiries. I (We) hereby certify that the above information is correct. I (We) agree to pay all invoices promptly when due, and understand that the past due accounts are subject to carrying charges not to exceed 2% monty untill paid. Furthermore, I will accept C.O.D.shipments if my account is pass due.

**Owner Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PRE-AUTHORIZE PAYMENT PLAN

Type of Credit Card (Please circle only one) **VISA** or **MasterCard**

Name of Card Holder: \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (    ) secret code

Expired Date:\_\_\_\_\_/\_\_\_\_\_  
Month / Year

Special Instruction: \_\_\_\_\_

**Signature of the Card Holder:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby agree to give HSIN FRAMING & MOULDING CO,LTD. The right to charge me for every purchase that I made on my VISA or MasterCard. Also ,HSIN FRAMING & MOULDING CO,LTD. Will hold my VISA or MasterCard information strictly confidential.



