

TROMART AWARDS LTD.
2782 SLOUGH STREET, MISSISSAUGA ON L4T 1G3

Email: info@tromartawards.com
FAX # (905) 612-8885
PHONE # (905) 612-9990

APPLICATION FOR NEW ACCOUNT AND CREDIT
CARD AUTHORIZATION

COMPANY: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____ CONTACT: _____

SIGNATURE: _____ EMAIL: _____

TELEPHONE: _____ FAX: _____

? CORPORATION NAME OF PRINCIPAL OWNER: _____
? PARTNERSHIP NAME OF PARTNERS: _____
? PROPRIETORSHIP NAME OF OWNER: _____

YEARS IN BUSINESS: _____

P.S.T/ H.S.T # _____

*This form authorizes Tromart Awards Ltd. to keep this form on file.
To be used for all orders placed by my company.*

CREDIT CARD NUMBER - (Optional)

VISA/MC # _____

THREE DIGIT NUMBER ON BACK: _____

EXPIRY DATE: _____

NAME ON CARD: _____

SIGNATURE OF PERSON ON CARD: _____

PLEASE COMPLETE THE ABOVE INFORMATION, SIGN AND FAX TO
TROMART AWARDS LTD.
info@tromartawards.com Fax # 905-612-8885