



ACCOUNT INFORMATION & CREDIT AGREEMENT

HUTTON COMMUNICATIONS, 278 Watline Avenue, Mississauga, Ontario L4Z 1P4

PHONE: 800-265-8685 • FAX: 416-255-9179 • www.huttononline.com

FIRM LEGAL NAME: _____ SIC CODE: _____

TRADE NAME: _____ DUNS #: _____

PARENT COMPANY: _____ DUNS #: _____

BILL TO ADDRESS: _____ EQUIFAX#: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

SHIP TO ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____ WEBSITE: _____

CORPORATION

PARTNERSHIP

SOLE PROPRIETORSHIP

LLC

LTD

OFFICERS OR OWNERS

TITLE

SOCIAL INSURANCE #

E-MAIL

PURCHASING CONTACT: _____ PHONE #: _____ E-MAIL: _____

ACCOUNTS PAYABLE CONTACT: _____

FAX

PHONE

E-MAIL

COPY OF GST & PST EXEMPT FORMS NEEDED GST EXEMPT #: _____ PST EXEMPT #: _____

INCORPORATED IN PROVINCE OF: _____ GST ID#: _____

DATE OF INCORPORATION OR PRESENT OWNERSHIP DATE: _____

TRADE REFERENCES:

COMPANY NAME

CITY, PR

PHONE

FAX

ACCOUNT#

BANK INFORMATION:

NAME: _____ OFFICER: _____ CITY, PR: _____

PHONE: _____ FAX: _____ ACCOUNT#: _____ ROUTING#: _____

CREDIT LIMIT: \$ _____ REQUESTED (check one): NET 30 BANK CARD C.I.A.

Applicant hereby: (a) agrees that all purchases are subject to Hutton's then current Terms and Conditions of sale; (b) warrants the information shown above to be true and correct; (c) authorizes you to obtain any additional information considered necessary; (d) acknowledges that extension or continuation of credit is in the sole discretion of Hutton and credit may be terminated at any time; (e) agrees to pay all amounts owed to Hutton on or before the date due, together with interest on any amounts not paid when due from the date due until paid at a rate equal to the lesser of 18% per annum or the highest lawful rate; (f) agrees to pay all collection costs and expenses, including reasonable attorney fees incurred if account is placed for collection; and (g) if a natural person, certifies that this credit is solely for business, commercial or agricultural purposes. **By signing this agreement I authorize release of any/all information concerning my credit history.**

Signature: _____ Date: _____

Print Name: _____ Title: _____

CREDIT CARD INFORMATION:

MasterCard VISA

CREDIT CARD #: _____ EXP DATE: _____

NAME ON CREDIT CARD: _____

Applicant, or anyone else authorized by Applicant to use such credit card, authorizes Hutton to charge Applicant's purchases or outstanding account balances to the above credit card, whether such charge authorization is by presenting such credit card in person or by presenting such card by mail order, telephone, computer, or other electronic means reasonably believed by Hutton to be genuine.

Signature: _____ Date: _____

Print Name: _____ Title: _____