

Longtech Computer Distribution Inc.

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NEW ACCOUNT APPLICATION FORM

Company Name	Owner Name
Address:	Tel:
City:	Fax:
Province: Post Code:	E-mail:
Company's Form: () Sole Proprietor () Partnership () Corporation () Others	Type of Business: () Wholesaler () Retailer () Consultant () Others
Incorporated Date: / / Province:	Annual Sales:
H.S.T. (ON)	Number of Employees:
P.S.T. (QC)	Own () Lease () Business Premises Expire Date:
Total Square Feet of Premises	Mortgage/Rent Per Month \$

BANK REFERENCE

Bank Name:	Bank Account No.
Address:	Contact Name:
City:	Tel:
Province: Post Code:	

TRADE REFERENCE

Company Name: Address: Telephone:

Company Name: Address: Telephone:

Company Name: Address: Telephone:

Signature: _____

Date: _____