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ACCOUNT APPLICATION FORM

BRANCH/WAREHOUSE:
SALESMAN #

PLEASE COMPLETE THIS FORM AND RETURN BY FAX OR E-MAIL TO YOUR LOCAL BRANCH

NAME OF COMPANY:

DIVISION OF: NATURE OF BUSINESS:

ADDRESS:

CITY: PROVINCE: POSTAL CODE:

TELEPHONE: () FAX: ()

BILLING ADDRESS:

SHIPPING ADDRESS:

OF EMPLOYEES: # OF YEARS IN BUSINESS: AMOUNT OF CREDIT REQUESTED: \$

PURCHASER NAME: TELEPHONE: ()

ACCTS PAYABLE NAME: TELEPHONE: ()

WOULD YOU LIKE YOUR INVOICES & STATEMENTS SENT BY: NUMBER OF INVOICE COPIES REQUIRED:

INVOICES: E-MAIL MAIL FAX MONTHLY STATEMENTS: E-MAIL MAIL FAX

IF BY E-MAIL, PLEASE PROVIDE E-MAIL ADDRESS:

WE SHIP VIA PUROLATOR, PREPAID & CHARGED, UNLESS AN ALTERNATE COURIER IS REQUESTED, IF SO, PLEASE COMPLETE THE FOLLOWING AND INCLUDE YOUR ACCOUNT #:

COURIER: ACCOUNT #:

PREPAID & CHARGED COLLECT OR CHECK HERE IF YOU PREFER TO PICK UP YOUR ORDERS

PRINCIPALS IN COMPANY (IF NONE, PROVIDE NAMES OF OFFICERS)

1. NAME: TITLE:

2. NAME: TITLE:

3. NAME: TITLE:

CREDIT REFERENCES

PLEASE PROVIDE ONE (1) BANK & THREE (3) SUPPLIER REFERENCES, MUST INCLUDE TWO (2) ELECTRICAL COMPANY REFERENCES PHONE & FAX NUMBERS MUST BE PROVIDED:

BANK: TRANSIT #: ACCT #:

1. COMPANY: PHONE: FAX:

2. COMPANY: PHONE: FAX:

3. COMPANY: PHONE: FAX:

We/I hereby consent Franklin Empire Inc. to conduct a credit history, to acquire our bank and credit information for the sole purpose of their credit department. We/I understand that upon credit approval, all accounts are due and payable according to the terms indicated on the statements & invoices; any overdue balances will be subject to a 2% per month service charge.

Signature Print Name Position Date

ONTARIO RETAIL SALES TAX

PURCHASE EXEMPTION CERTIFICATE

BLANKET

Business Name: _____

Business Address: _____

Vendor Permit Number (if applicable): _____

Nature of Business: _____

Reason for Claiming Exemption: _____

I claim exemption from Ontario retail sales tax under the provisions of the Retail Sales Tax Act on the following goods or taxable services, contracts of insurance or benefits plan:

Signature of Authorized Person

Date

(Print) Name of Authorized Person

IMPORTANT

The person buying the goods or taxable service, or entering into a contract of insurance or benefits plan for which an exemption is claimed must complete this certificate and give it to the supplier.

The supplier is to keep this form as stated in the regulations. This certificate is valid for four (4) years if,

- (a) the box beside the word "blanket" at the top of the form is checked; and
- (b) the purchase order refers to this Purchase Exemption Certificate.

Every person who makes a false statement on a Purchase Exemption Certificate or misuses the certificate is liable, if convicted, to a fine of not less than \$500 and an amount of not more than double the amount of tax that should have been paid, or that was evaded, or to imprisonment for a term of not more that two (2) years, or to both.