



CG GROUP OF COMPANIES CORP.

## NEW CUSTOMER APPLICATION

### Company Information:

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Tax # / IRS #: \_\_\_\_\_ Credit Limit Requested: \_\_\_\_\_

Custom Broker: Inbound: \_\_\_\_\_ Outbound: \_\_\_\_\_

### Accounts Payable Information:

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Invoicing:  Email  Mail      Payment Method:  Direct Deposit  Cheque

POD Required:  Yes  No

Payment Terms:  2% - 5 days       1% - 10 days       Net 30       Other

\*\*\* All information must be filled out to avoid delays in creating account. Thank you \*\*\*



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**Trade References:**

	Name	Phone #
1.	_____	_____
2.	_____	_____
3.	_____	_____

**Signatures and authorization:**

All invoices are to be paid in a delay of 30 days unless otherwise noted. By submitting this application, you authorize CG Group of Companies to make inquiries into the banking and trade references you have provided. All our receivables are insured with EDC. If your company is declined, all orders will need to be prepaid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title