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Dorval, Quebec, Canada H9P 1A3

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Fax Local: 514.631.6664

Toll Free: 1.866.695.5995
Local: 514.631.3666

E-mail: info@idealnorth.com
www.idealnorth.com

Bill To :

Store Name: _____
Address: _____ P.O Box : _____
City/Town: _____ Province: _____ Postal code/Zip: _____
Tel:(_____) Fax: (_____)
E-mail: _____
A/P Contact: _____ Years in business _____

Ship To : (IF DIFFERENT THAN ABOVE)

Store Name: _____
Address: _____ P.O. Box: _____
City/Town: _____ Province: _____ Postal Code : _____
Tel:(_____)

Owner :

Owner's Name: _____
Home address: _____ P.O Box: _____
City/Town: _____ Province: _____
Code Postal: _____ Tel: (_____)

Bank:

Bank Name: _____ Contact: _____
Branch/address: _____
City/Town: _____ Tel: (_____)

Please note : It can take 2-4 weeks until we hear from your credit references. To expedite your first order, you may wish to select an option below

VISA **MASTER CARD**
Card #: _____ Exp.: ____ / ____
Name exactly as it appears on card: _____
If you prefer to pay ALL your invoices from IDEAL NORTH Inc by credit card, please initial here: _____

Trade references:

Company Name: _____ Contact: _____
Address: _____ City: _____
Tel:(_____) Fax:(_____)

Company Name: _____ Contact: _____
Address: _____ City: _____
Tel:(_____) Fax:(_____)

Company Name: _____ Contact: _____
Address: _____ City: _____
Tel:(_____) Fax:(_____)

In consideration for the continuing extension of credit to my company by Ideal North Inc (supplier), I hereby expressly grant to supplier permission to investigate business and or personal(if sole proprietor) credit sources in order to establish for my company with supplier. By signing below, I authorize the bank and the suppliers listed above to release account and/or credit information as requested by Ideal North Inc (supplier) in consideration of my request for continuing extension of my credit.

Date: _____ Signature: _____