

# MMA GROUP (CANADA) INC.

30 ROYAL CREST COURT, UNIT 11, MARKHAM, ON. L3R 9W8 CANADA

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Toll Free no. 1-866-838-6629 www.mmaxgroup.ca

## BUSINESS ACCOUNT APPLICATION

FULL (OFFICIAL) NAME OF BUSINESS: \_\_\_\_\_

DATE FOUNDED: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

ADDRESS (STREET NAME) : \_\_\_\_\_

CITY : \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_ ZIP/POST CODE : \_\_\_\_\_

TEL : ( ) \_\_\_\_\_ FAX : ( ) \_\_\_\_\_ E-MAIL : \_\_\_\_\_

HST/EIN/TAX NUMBER : \_\_\_\_\_

CONTACT NAME : \_\_\_\_\_ CONTACT TITLE : \_\_\_\_\_

CONTACT # (if different from above) : ( ) \_\_\_\_\_ EMAIL (if different from above) : \_\_\_\_\_

NATURE OF BUSINESS:

RETAILER

MANUFACTURER

WHOLESALE

BROKER

DEALER

CONSULTANCY

SERVICE

OTHER: \_\_\_\_\_

PAYMENT TERMS REQUESTED : \_\_\_\_\_ CREDIT AMOUNT REQUESTED : \_\_\_\_\_

## BANK REFERENCE

BANK NAME: \_\_\_\_\_ ACCOUNT # : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL : ( ) \_\_\_\_\_ FAX : ( ) \_\_\_\_\_ CONTACT NAME : \_\_\_\_\_

TRADE : \_\_\_\_\_

TRADE REFERENCE

NAME:

ADDRESS:

TEL#:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner, CEO or President

\_\_\_\_\_  
(or authorized officials)  
Print Name

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date (dd/mm/yyyy)