



D&H Canada ULC Education Customer Application

Customer Number: _____

This application must be completed before an account is opened and pricing is quoted.

Description

School: _____ School District: _____

Street Address: _____ County: _____

Phone: () _____ City/Province/Postal Code: _____

School E-Mail Address: _____ Fax: () _____

Billing Address (If different from above):

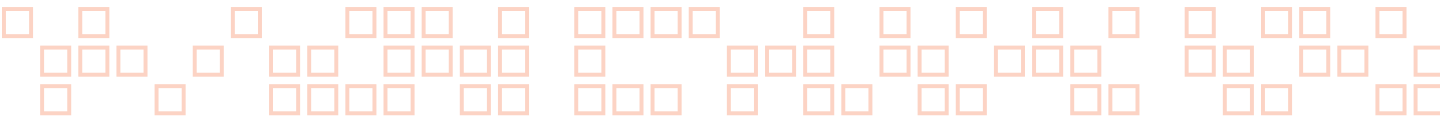
Shipping Address (Please attach sheet if multiple locations):

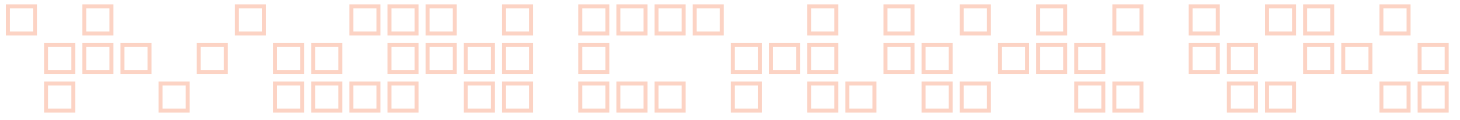
Attention: _____ Phone: () _____ Attention: _____ Phone: () _____

Structure: Public School Charter School Private Other: _____

EHF/Advance Disposal Fee (Please list ALL registration numbers for ALL Provinces/Territories in which compliant.)

EHF/Advance Disposal Fee Registrant:	Registration Number	Province/Territory	EHF/Advance Disposal Fee Registrant:	Registration Number	Province/Territory
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____





Bank References *(Please complete fully)*

Bank Name: _____ Account Officer's Name: _____

Checking Account #: _____

Street Address: _____ City/Province/Postal Code: _____

Phone: () _____ Fax: () _____

Trade References

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Phone: () _____ Phone: () _____ Phone: () _____

Fax: () _____ Fax: () _____ Fax: () _____

Account #: _____ Account #: _____ Account #: _____

Customer agrees to notify D&H Canada ULC ("D&H") of any changes in ownership of its business as set forth herein by certified mail to:

D&H Credit Department;
7975 Heritage Road, Unit 20 – Building A
Brampton, ON L6Y 5X5
Phone: 800-340-1008 FAX: 717-255-7851 Website: www.dandh.ca

I hereby authorize D&H Canada ULC or any credit bureau or other investigative agency employed by D&H Canada ULC to investigate the references herein listed or statements or other data obtained from me or any other person pertaining to my credit and financial responsibility. In consideration of the extension of credit by D&H Canada ULC to us, we agree to promptly pay all bills in accordance with the terms expressed on the invoice. We further agree that if the merchandise ordered shall remain unpaid past the due date, it shall bear interest at the rate of 1 1/2% per month until paid. In the event that any suit or action is instituted to collect money due on our account, whether principle or interest, or both, we agree to pay, in addition to the amount owed, all legal fees and collection agency fees incurred, including a reasonable sum for attorney's fees.

SIGNED

TITLE

DATE

Signature required for application to be processed

04/08

