



# 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: ( ) \_\_\_\_\_

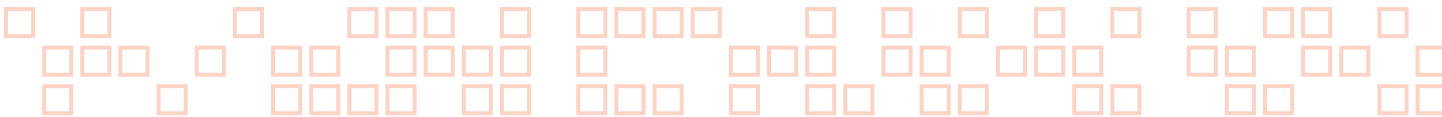
Billing Address (If different from above):  
\_\_\_\_\_  
\_\_\_\_\_  
Shipping Address (Please attach sheet if multiple locations):  
\_\_\_\_\_  
\_\_\_\_\_

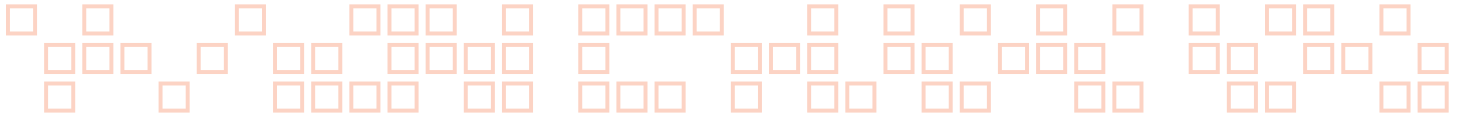
Attention: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Attention: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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: ( ) \_\_\_\_\_

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**Trade References**

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

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

Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

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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

