

# ITMB Wholesale/Retail Account Application

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

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

Shipping address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Orders Contact: \_\_\_\_\_

PST Exemption Number (for BC only): \_\_\_\_\_

Credit Card – VISA or Mastercard only

Credit Card: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

(Credit card information is securely kept on file for the purposes of prepayment of orders until credit has been established)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax to (604) 273-1488: ITMB Publishing Ltd.  
12300 Bridgeport Road  
Richmond, BC  
V6V-1J5

For ITMB Purposes:

Credit limit established: \_\_\_\_\_

Discount established: \_\_\_\_\_ on ITMB products

\_\_\_\_\_ on all other products

Payment Terms: Prepay \_\_\_\_\_ or Net \_\_\_\_\_ Days

Account Number Assigned: \_\_\_\_\_