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ACCOUNT SET-UP FORM

BUSINESS NAME

MAILING ADDRESS

CITY

PROVINCE

POSTAL CODE

SHIPPING ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

FAX NUMBER

BUSINESS OWNERS NAME

PST NUMBER

GST NUMBER

BUYERS NAME

ACCOUNTING CONTACT

PREFER CREDIT CARD PAYMENT? ☐ YES ☐ NO (Visa/MC only)

CREDIT APPLICATION (below only required if not paying by c.card)

BANK NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

CONTACT NAME

THREE REFERENCES WITH FAX NUMBERS

LIMIT REQUIRED \$

1 NAME

ADDRESS

PHONE NUMBER

FAX NUMBER

2 NAME

ADDRESS

PHONE NUMBER

FAX NUMBER

3 NAME

ADDRESS

PHONE NUMBER

FAX NUMBER

ALL INFORMATION WILL BE KEPT CONFIDENTIAL. PLEASE COMPLETE APPLICATION IN FULL.
THANK YOU FOR YOUR INTEREST IN B.Y. GROUP LTD.