

ULTIMATE DISC GOLF STORE

PO BOX 13010, KANATA ONTARIO K2K 1X3

Phone 613-836-1238, or 613-851-4959 E-mail rob@ultimatediscgolf.ca

CUSTOMER PROFILE & APPLICATION FOR TERMS

STORE NAME:		
LEGAL COMPANY NAME (if differe	ent):	
SHIPPING ADDRESS:		
BILLING ADDRESS:		
ORDERING CONTACT:FAX #:	PHONE #: EMAIL:	
Please send me release/ordering info via	a (circle all appropriate): Fax Email Phone	
ACCOUNTS PAYABLE CONTACT: FAX #:	PHONE #: EMAIL:	
OWNER'S NAME(s):	HOME PHONE #:	
BANK: BANK CONTACT: BANK ADDRESS:	ACCT(s) #: PHONE #:	
TRADE REFERENCES 1) COMPANY: FAX #:	CONTACT:	PHONE #:
	CONTACT:	
3) COMPANY:FA	AX #:	PHONE #:
TERMS REQUESTED:CREDIT LIMITED REQUESTED:		
CREDIT CARD TYPE:EXPIRATION DATE:	CARD NUMBER:EXACT NAME ON CARD:	
PST #		
I authorize Ultimate Disc Golf Store to contact my bank ab any reason, all bank charges, collection expenses and/or att	bout the status of my account(s). If I am granted terms and any of my cheques or payments are torney fees will be paid by me and/or my company.	e not honored by my bank for
OWNER'S NAME (please print):	DATE.	
SIGNATURE:	DATE:	-

Please fax or mail this form back at your earliest convenience. Apologies if the information requested seems invasive. We hope you understand that we are asking you for this information because we have been financially violated by the following deadbeat operations: If you will be paying by Credit Card or C.O.D there is no need to fill out the Account information.