



A Division of Hartley Hyman Enterprises Ltd.

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NEW ACCOUNT QUALIFICATION FORM

Business Name:		
Contact Name:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	
Email Address:		
PST#:	GST#:	
Nature of Business:		
How long in Business:		
Are you a member of: PPPC <input type="checkbox"/> # _____ Other <input type="checkbox"/> _____		
How did you hear about Toba Sportswear?		

TRADE REFERENCES (imprintables/promotional)

Contact Name:			
Company Name:			Phone:
Address:			Fax:
How long have you been buying from this company: <input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> > 10 years			

Contact Name:			
Company Name:			Phone:
Address:			Fax:
How long have you been buying from this company: <input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> > 10 years			

Contact Name:			
Company Name:			Phone:
Address:			Fax:
How long have you been buying from this company: <input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> > 10 years			

Contact Name:			
Company Name:			Phone:
Address:			Fax:
How long have you been buying from this company: <input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> > 10 years			

Signature: _____ Date: _____

THIS IS NOT A CREDIT APPLICATION