



#2 - 2323 Winston Park Drive  
 Oakville, Ontario L6H 6R7  
 P - 877.602.6999  
 CG-orderdesk@catalystbiz.com

### Catalyst Group New Account Set-Up Form

CG Sales Rep (INTERNAL USE):			
Company Name:		Legal Name (if different than operating name):	
Street Address:		City:	Province: Postal Code:
Website:		Phone:	Fax:
HST/GST#:		Preferred Payment Method:	
Preferred Method of Shipping:		<input type="checkbox"/> Cash <input type="checkbox"/> Account <input type="checkbox"/> Credit Card <input type="checkbox"/> e-Transfer/PayPal <input type="checkbox"/> EFT/Wire	
<input type="checkbox"/> Freight Prepaid <input type="checkbox"/> Freight Collect			
If you have selected Freight Collect, please enter the carrier name and your account number:			
<b>Contacts</b>			
Buyer Name(s):			
Buyer Email:		Phone:	Fax:
Accounting Contact Person:			
Email Invoices & Statements to:		Phone:	Fax:
Who should receive the login information? Enter his/her email (1 login per company):			
What type of business do you operate? (please check one that best describes your business)			
Apparel Decorator	<input type="radio"/>	Concession/Stadium Store	<input type="radio"/>
Campus Store	<input type="radio"/>	Retailer	<input type="radio"/>
Pro Shop	<input type="radio"/>	Brands	<input type="radio"/>
Advertising & Promotional Products	<input type="radio"/>	Drop Ship	<input type="radio"/>
Team/Institutional Dealer	<input type="radio"/>	Green Grass Proshop	<input type="radio"/>
Resort Shop	<input type="radio"/>	Online Retailer	<input type="radio"/>
Wholesaler	<input type="radio"/>	Other (Specify): _____	<input type="radio"/>
Are there multiple branch offices?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the addresses for each branch:			
Authorized Signature:		Print Name:	
Position:		Date:	
COMPANY USE ONLY			
Account Code:		Date:	Created By:



**CATALYST  
GROUP**

#2 - 2323 Winston Park Drive  
Oakville, Ontario L6H 6R7  
P - 877.602.6999  
CG-orderdesk@catalystbiz.com

### Catalyst Group Credit Application Form

CG Sales Rep (INTERNAL USE):			
Company Name:		Legal Name (if different than operating name):	
Street Address:		City:	Province: Postal Code:
HST/GST#:		Name of Principal Owner(s):	
Name of Bank		Bank Phone:	Bank Fax:
Bank Address:		Bank City:	Province: Postal Code:
Bank Account Number:		Bank Contact:	
Estimated Monthly Buy:			
\$			
<b>Trade References</b>			
Reference 1 - Name:		Phone:	Contact:
Address:		City:	Province: Postal Code:
Reference 2 - Name:		Phone:	Contact:
Address:		City:	Province: Postal Code:
Reference 3 - Name:		Phone:	Contact:
Address:		City:	Province: Postal Code:
<p><b>Conditions:</b> The undersigned certifies that all information disclosed is correct, and agrees that all accounts to Catalyst Group will be due and paid within invoice terms. The undersigned consents to the obtaining of such personal or credit information as the company may require at any time in conjunction with the credit hereby applied for, or any renewal or extension thereof. The undersigned also agrees that all goods subject to all invoices remain the property of Catalyst Group until full payment is received.</p>			
Authorized Signature:		Print Name:	
Position:		Date:	
<ol style="list-style-type: none"> <li>After submission of the application, allow 3 weeks for credit approval.</li> <li>Standard credit terms after approval is Net 30 Days</li> <li>A two percent (2%) service charge (24% annually) + late payment charge of \$12.00 will be added after 30 days for all past due accounts.</li> <li>All returned cheques will be charged a \$50.00 handling fee. All collection fees will be charged back.</li> </ol>			
COMPANY USE ONLY			
Account Code:		Date:	Created By: