



#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:			
Contacts			
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:



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Catalyst Credit Card Authorization Form

CG Sales Rep (INTERNAL USE):	
Company Name:	Company Code: (INTERNAL USE)

Cardholder Name:	Cardholder Phone #:	Cardholder Email:	
Cardholder Billing Address:	City:	Province:	Postal Code:
Credit Card Number:	Card Type:		
	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX		

Expiry Date	Amount (\$):	Currency:	CVV #:	Invoice/Order #:
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Yes
 No
 I authorize Catalyst to keep the credit card information on file to charge future transactions until further notice.

I authorize Catalyst to charge the amount to my credit card provided herein. I agree to pay for the purchases in accordance with the issuing bank cardholder agreement.

Cardholder Signature:	Date:	
Print Name:	Authorization Code: (INTERNAL)	<input type="checkbox"/> One-Time Use <input type="checkbox"/> Multiple Use