

# MMAX GROUP (Canada) Inc.

101 AMBER STREET, UNIT 22  
MARKHAM, ON. L3R 3B2 CANADA  
TEL: (905) 948-8298 FAX: (905) 948-8235

## ACCOUNT APPLICATION

NAME OF BUSINESS: \_\_\_\_\_ YEAR STARTED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month / year)

TYPE OF BUSINESS: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Incorporation

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

GST & PST NUMBER:  
\_\_\_\_\_

CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_ RETAILER \_\_ MANUFACTUER \_\_ WHOLESALE \_\_ BROKER \_\_ DEALER  
\_\_ CONSULTANT \_\_ SERVICE \_\_ OTHER

## REFERENCE

**BANK**  
NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ CONTACT: \_\_\_\_\_

**TRADE** Please exclude Ingram Micro and Tech Data

NAME: ADDRESS: TEL#

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature of Owner, President: \_\_\_\_\_ Print Name: \_\_\_\_\_

(or authorized officials) \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_