

## C.O.D. ACCOUNT INFO



This C.O.D. Account Information is made to EECOL Electric Corp ("EECOL").  
The business entity setting up a C.O.D. Account from EECOL herein shall be referred to as "the Applicant".

\*Indicates required field

### APPLICANT INFORMATION

\*Business Name: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*City: \_\_\_\_\_

\*Province \_\_\_\_\_

\*Postal Code \_\_\_\_\_

\*Phone ( ) \_\_\_\_\_

\*Fax ( ) \_\_\_\_\_

\*Mobile ( ) \_\_\_\_\_

\*The Applicant is a Corporation  Partnership  Proprietorship  Date Established: \_\_\_\_\_  
yyyy / mm / dd

Purchase Orders Required Yes  No

Credit Required - \$ \_\_\_\_\_

(If Proprietorship, please also complete the fields below)

Full Name of Individual Proprietor(s): \_\_\_\_\_

Residence Phone: ( ) \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
yyyy      mm      dd

### ACCOUNT INFORMATION

\*Accounts Payable Contact Name: \_\_\_\_\_

\* Accounts Payable Email: \_\_\_\_\_

\* GST Registration # \_\_\_\_\_

TAX STATUS: Taxable  Exempt  (Attach exemption certificate)

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
Signature of Principal – I acknowledge and agree that I am signing this Application in both my personal capacity and in my capacity as an authorized signatory of the Applicant.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
Signature of Principal – I acknowledge and agree that I am signing this Application in both my personal capacity and in my capacity as an authorized signatory of the Applicant.