



Toll Free: 1-800-387-0393  
Phone: 705-741-4444  
Fax: 705-741-4445



Para contactar a nuestro personal de ventas en México, por favor vaya a Contact Us

**Please fill in all form fields below and email or fax back to us.**

**Account Information**

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Prov/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ A/P Email: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Credit Amount Requested: \_\_\_\_\_

Invoices accepted by Email or Fax \_\_\_\_\_ Ref #'s required on invoice \_\_\_\_\_

**Bank Information**

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**Credit References**

Co. Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Prov/State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Co. Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Prov/State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Co. Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Prov/State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Application completed by (please print name): \_\_\_\_\_

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

**Email to:** [info@joexpress.com](mailto:info@joexpress.com) or **Fax:** 705-741-4455

**Please Note:** Payment terms are Net 30 Days from invoice date