## RESELLER ACCOUNT APPLICATION

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Customer No.					Parkway, Suite 300 o U.S.A. 43137	45 Artisans Crescent London, ON N5V 5E9		
Anticipated monthly purc	hase volume: \$_							
Credit volume applied for If you are applying for a please include your 2 months.	credit limit of \$10			- ial statemen	ts.	Date:		
PLEASE ANSWER AL	L QUESTIONS	COMPLET	TELY TO A	VOID DEL	AYS			
Legal Company Name:					Also Known As	<b>s:</b>		
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Is your company non-profit: Yes or No				Is your business public or private?				
If yes, please state budget and source of funding below:			/:	If public, on which exchange is it listed?				
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Purchasing Informati	ion:				
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