



90 Performance Drive, Richmond Hill ON L4S 0G6

Tel: (905) 771-3610 Fax: (855) 738-4060

We have received your request to open a new account and we would like to thank you for your interest in Bellini Modern Living. Please take a few minutes to answer the questions below to help us get to know you better.

Legal company Name: \_\_\_\_\_
Operating company name: \_\_\_\_\_
Company Website: \_\_\_\_\_
Duration of business: \_\_\_\_\_
Business No. \_\_\_\_\_
Principle Owner: \_\_\_\_\_

Type of Business: Corporation Division/Subsidiary Partnership Sole Proprietorship
Nature of Business: Designer Furniture Retailer Retailer

If multiple showroom: Please Specify number of showroom(s)

\_\_\_\_\_

Size of Showroom(s): \_\_\_\_\_

Location of showroom( ex. Store front? Indoor?) \_\_\_\_\_

Bill to Address: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Ship to Address: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Purchasing Contact:
Name: \_\_\_\_\_
Phone No. \_\_\_\_\_ Ext \_\_\_\_\_
Email: \_\_\_\_\_

A/P Contact:
Name: \_\_\_\_\_
Phone No. \_\_\_\_\_ Ext \_\_\_\_\_
Email: \_\_\_\_\_

PLEASE PROVIDE 3 TRADE REFERENCES

1. Company Name: \_\_\_\_\_
Address: \_\_\_\_\_
2. Company Name: \_\_\_\_\_
Address: \_\_\_\_\_
3. Company Name: \_\_\_\_\_
Address: \_\_\_\_\_

Phone No. \_\_\_\_\_
Email: \_\_\_\_\_
Phone No. \_\_\_\_\_
Email: \_\_\_\_\_
Phone No. \_\_\_\_\_
Email: \_\_\_\_\_

Filled by: \_\_\_\_\_
Phone Number: \_\_\_\_\_
Email: \_\_\_\_\_

Upon reviewing this information, we look forward to getting back to you shortly. Thank you very much!