



**CANADA**  
41-A Butterick Road Toronto, Ontario M8W 4W4

**U.S.A.**  
60 Industrial Parkway, Suite 776 Cheektowaga, NY 14227

**U.K.**  
Blackthorne Road, Poyle, Berkshire SL3 00A

email: sales@metrotea.com website: www.metrotea.com

Toll Free - Canada and U.S.A.  
Tel: 1 (800) 388 0351, Fax: 1 (800) 319 8327

Freephone - UK and Europe  
Tel: +44 (0) 800 043 0351, Fax: +44 (0) 800 043 0122

World  
Tel: +1 (416)5880089, Fax: +1 (416) 588 7040

**NOTE:** This pdf is NOT a dynamic form. Please fill in the fields, print and fax to Metropolitan Tea using the appropriate fax number listed above.  
**ALTERNATIVELY:** Please print the document, fill it in, scan and email to sales@metrotea.com as an attachment.

**CREDIT APPLICATION**

Legal Company Name / DBA		Description of Business		
Billing Address	City	Province / State	Country	Postal Code / Zip
Shipping Address	City	Province / State	Country	Postal Code / Zip
Company Website		Company Email Address		
Contact Name for Payments	Telephone Number	Fax Number	Email Address	
Contact Name for Purchasing	Telephone Number	Fax Number	Email Address	
Contact Name for Shipments	Telephone Number	Fax Number	Email Address	
Date Company Established	Proprietorship	Partnership	Incorporated	Number of Employees
Is Your Business Seasonal? Yes No	If Yes, Please Indicate The Months The Business Is Open.			
Affiliated Companies (if any)		Federal Tax ID Number (US), GST # (Canada), VAT (EU), Other		

**TRADE REFERENCES**

Name	Address	Telephone Number	Email Address
Name	Address	Telephone Number	Email Address
Name	Address	Telephone Number	Email Address

**BANK INFORMATION**

Bank Name	Contact	Telephone Number
Bank Address	Date Account Established	Account Number

**OWNER INFORMATION**

Last Name		First Name	
Residence Address			
City	Province / State	Country	Postal Code / Zip
Phone		Email	

I acknowledge that the information submitted in this application is accurate and complete. I also give The Metropolitan Tea Co. authorization to confirm all trade references, as stated above.  
Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**CREDIT CARD PAYMENT REQUEST**

Visa	Mastercard	Credit Card Number	Expiry Date	Name on Credit Card
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I authorize the Metropolitan Tea Company Ltd. to charge my credit card for the orders, which I may place from time to time. I agree to pay the total amount invoiced according to card issuer agreement.  
Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

