

**CANADIAN
ROCKIES
HOT SPRINGS**



**SOURCES
THERMALES
DES ROCHEUSES
CANADIENNES**

Wholesale Account Application

Account Information	
Company name and full mailing address:	
Name of contact person	
Telephone #:	()
Fax #:	()
Email Address:	
GST #:	
Name of officers and title	

Bank Information	
Bank:	
Account #:	
Address:	
Telephone #:	()
Fax #:	()

Credit References			
Information	Reference #1	Reference #2	Reference #3
Name:			
Address:			
City:			
Province:			
Phone #:	()	()	()
Fax #:	()	()	()

By signing below, I give authorization to the Canadian Rockies Hot Springs to do a credit check with my above stated bank. On approved Credit, terms are net 30 days from the date of the invoice. Overdue invoices may be subject to interest.

Signed on the ____ day of _____, 20____, by _____ (please print).

Signature: _____ Position: _____