

BUSINESS ACCOUNT APPLICATION

Business Information

Name of Business _____ Years in Business _____

Street Address _____ City _____ Province _____

Billing Address (if different from above) _____ City _____ Province _____

Principal(s) or Account Contact _____ Telephone _____

Authorization *Name and Title of Authorized Purchasers (please print)*

Name _____ Title _____

Name _____ Title _____

Trade References

Name _____ Title _____

Name _____ Title _____

Credit Card Information

Visa MasterCard American Express Other (please state)

Credit Card _____ Expiry Date _____

Card Number _____ Card Holder's Signature _____

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