

ACCOUNT APPLICATION

PLEASE FILL OUT THIS APPLICATION COMPLETELY AND ACCURATELY. INCOMPLETE APPLICATIONS WILL BE DENIED.

Type of Business				Date of Application	
Registered Business Number					
Type of Commodity		Other (Please Specify)			
Company Name				Company Contact	
E-mail (for correspondence)				Website	
Company Address					
City		Province		Postal Code	
Telephone		Fax		No. of Employees	
Date Established		Ownership			

FOR BREEDERS ONLY

Club Affiliation Name	
Club Affiliation Number	
Club Contact Name	
Club Telephone Number	

Name of Owner or Executive Officers & Title:

Legal Name		Title	
Legal Name		Title	

Please list Two trade references with contact information:

Name		Company	
Telephone		Fax	
E-mail			
Name		Company	
Telephone		Fax	
E-mail			

☐ I have read and agree to the terms and conditions stated in the "Contracts of Carriage" document found at: www.elsmarketing.com. I am aware of and will adhere to the Live Animal/IATA Shipping Requirements. I hereby certify that the information provided in this application is true and accurate to the best of my knowledge.

PLEASE FAX COMPLETED APPLICATION TO 905.612.1044 OR SUBMIT BY EMAIL

Please allow 2-7 business days for processing this application.

ALL APPLICANTS ARE REQUIRED TO PAY BY CREDIT CARD AT THE TIME OF BOOKING.

INTERNAL USE ONLY

AUTHORIZED BY:		DATE OF AUTHORIZATION:	
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