



SCHOOL DELIVERY APPLICATION

DATE _____

SCHOOL NAME _____

ADDRESS _____ POSTAL CODE _____

SCHOOL TELEPHONE NUMBER _____ FAX NUMBER _____

PRINCIPAL _____ A/R CONTACT _____

BANK _____ BRANCH _____

I ALSO UNDERSTAND THE TERMS GIVEN AND THE PENALTIES IMPOSED IF THE AGREED UPON TERMS ARE NOT MET.

SIGNED _____

TITLE _____

OFFICE USE ONLY

DATE APPLICATION RECEIVED _____

APPROVED BY _____

ACCOUNT NUMBER _____

PLEASE FAX TO 1-905-358-3624
ATTENTION: CARLA