



CBS Bancroft Inc.
Box 970 Bancroft, ON K0L 1C0

NEW ACCOUNT SET UP

ACCOUNT TYPE

CASH

☐

Each invoice is paid at the time of purchase.

CREDIT CARD

☐

The account is paid off every Wednesday using the credit card provided.

NAME

MAILING ADDRESS

DELIVERY ADDRESS

Email Address

Would you like invoices sent at time of purchase by email
Would you like your monthly statement sent by email

Yes ☐
Yes ☐

PHONE NUMBERS

Only provide the numbers you would like us to contact you at.

PEOPLE AUTHORIZED TO CHARGE

1st

2nd

3rd

FAX

I hereby authorize CBS Bancroft Inc./ Bancroft BMR Pro to charge to my credit card the account balance owing every Wednesday using the credit card information I have provided below. I understand that if the charge to my credit card is not approved, that my account will be placed on HOLD until the account balance is paid in full.

Signature

Date

For the Credit Card Account we need a credit card # and a BMR 360# if you have one.

CREDIT CARD#

Expiry

BMR 360 CARD#

CVC
