

Account Set up

Billing Information

Registered Company name _____

Trade name _____

Nature of Business _____ Type of Business Sole Proprietorship
 Partnership
 Corporation
 Other

In Business Since _____

Owner name _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email _____ Preferences Accept Back Orders
 Join Mailing List
 Email Invoice
 Web Access

Website _____

Tax Exempt Code _____ Purchased for resale
(Where applicable, copy of certificate must be submitted with the application)

Shipping Information

Shipping Address is same as Billing Address

Shipping Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Email _____ Phone _____

Contact Name _____ Receiving Hrs. _____

Shipping Instructions _____

Customer Contact

A/P Contact _____

Email _____ Phone _____

Buyer _____

Email _____ Phone _____

Authorization

By signing this form, I agree to the Port Style Enterprises Inc. Terms & Conditions of Sale

Name _____ Title _____

Signature _____ Date _____

Credit Card Authorization

Account Details

Company Name _____

Customer Account No. _____ Invoice No. _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Credit Card Information

Name (as printed on card) _____

Card Number _____

Expiry _____ Security Code _____

Preferences Authorized for initial order only
 Email receipt copy
 Store Credit Card for future orders

Authorization

I am the holder of the above-mentioned credit card. I hereby authorize Port Style Enterprises Inc. to charge my credit card to pay my invoices. I understand that my credit card will not be charged until the order has been shipped.

Name _____ Signature _____

Email _____ Date _____

Credit Terms Request

Please allow 2 weeks for processing of Credit Terms approval

Bank Information

Bank Name	_____		
Bank Address	_____		
City	_____	State/Province	_____
Zip/Postal Code	_____	Country	_____
Branch Code	_____	Account No.	_____
Contact name	_____		
Title	_____		
Email	_____	Phone	_____
Years in Business	_____	Credit Request	\$ _____

Business / Trade References

Company 1			
Contact	_____	Position	_____
Email	_____	Phone	_____
Company 2			
Contact	_____	Position	_____
Email	_____	Phone	_____
Company 3			
Contact	_____	Position	_____
Email	_____	Phone	_____
Company 4			
Contact	_____	Position	_____
Email	_____	Phone	_____

Authorization

I/We expressly consent Port Style Enterprises Inc. & its affiliates to obtain any reports containing credit or personal information that is required in obtaining credit from Port Style Enterprises Inc.

I/We declare that the information given on this application is true and accurate in every aspect. This declaration is made for the purpose of obtaining credit from Port Style Enterprises Inc. and will remain confidential.

Name	_____	Title	_____
Signature	_____	Date	_____

Port Style Terms & Conditions



Terms & Conditions

Submission of a purchase order to Port Style Enterprises Inc. signifies acceptance of our Terms and Conditions

Payment Terms

Net 30 days on approved credit
Credit Card payments are due prior to 30 days on approved credit

Customer Orders

Opening order \$500.00 NET
Initial order requires a Credit Card for processing
Reorders \$350.00 minimum
Email purchase orders: sales@portstyle.com
FOB: Toronto, Ontario

Freight Policy

\$ 500 - \$1199
Freight Capped at 10% of the Order Value
\$1200 - \$1999
Freight Capped at 5% of the Order Value
\$2000 & Over
Net Free Freight
Beyond Charges May Apply

Pricing

Prices are calculated in CDN\$
All prices are calculated at wholesale
Except for products on Promotion
Prices are subject to change without notice
Taxes: GST/HST/QST extra (where applicable)

Online Ordering

Port Style customers can place orders online by visiting
<https://www.portstylewholesale.com/account/login>
Select the **DEALER** button to register online
Once registration is complete, Port Style will send you an email notification advising that your account is ready to use

Back Orders

Back orders will be cancelled 60 days from Order Date
If original order qualified for prepaid freight, back orders would ship under the same conditions

Loss or Damage

Notify carrier when:

1. Merchandise is damaged in transit
2. Overage or shortage in number of crates or boxes

All claims for damages or shortages must be received within 10 days of receipt of goods.

Notify the carrier in the event of a damaged shipment, whether apparent at the time of delivery or concealed damage discovered after unpacking. The bill of lading is an acknowledgement by the carrier of the receipt of the shipment in good condition.

Returns

Returns must have prior authorization; RMA number
Returns must be freight prepaid
A 15% restocking fee will be applied to all returns
No returns will be accepted after 60 days
Please email: sales@portstyle.com to obtain an RMA number
Approved returns must be sent to:
Port Style Enterprises Inc.
Attn: Return - RMA # _____
807 Fenmar Drive
Toronto, ON M9L 1C8

Warehouse

Canada 807 Fenmar Dr. Toronto, ON M9L 1C8
USA 2221 Niagara Falls Blvd. Niagara Falls, NY 14304

FTP

Access the Port Style FTP site with a simple click
<https://portstyle.egnyte.com/fl/9b3bcBcJAL>

Contact us

Port Style Enterprises Inc.
1 Sparks Avenue, Suite 12 Toronto, ON M2H 2W1
Phone 416.491.1029 1.800.268.1029
Fax 416.491.1279 1.866.470.9496
Email sales@portstyle.com
Website www.portstyle.com

Contact Information



Head Office

1 Sparks Avenue, Suite 12, Toronto, ON M2H-2W1 Canada

Phone: 416.491.1029 toll free 1.800.268.1029
Fax: 416.491.1279 toll free 1.866.470.9496
Email: sales@portstyle.com
Website: www.portstyle.com

President

Name Katherine Samuel
Email katherine@portstyle.com
Phone 416-802-3545

Finance

Name May Poon
Email may@portstyle.com
Phone 416-491-1029 x: 227

Operations

Name Ken Keene
Email ken@portstyle.com
Phone 416-491-1029 x: 222

Customer Service

Name Tracey Brandy
Email tracey@portstyle.com
Phone 416-491-1029 x: 234

Customer Management

Name Susan Farrance
Email susan@portstyle.com
Phone 416-491-1029 x: 226

Marketing

Name Shabana Sidat
Email shabana@portstyle.com
Phone 416-491-1029 x: 228

Let's Stay Connected

