



NEW CUSTOMER FORM

CUSTOMER INFORMATION

Company's Legal Name:	Inc. / other
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Company's Business Name:	Inc. / Other
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BILLING ADDRESS

Street:	Prov/State
City:	POSTAL/ZIP CODE:
Tel:	Fax#
Email:	
Language: FR / EN	PO required on all orders: Yes or No (please circle one)

SHIPPING INFO

Shipping Address Same as above <input type="checkbox"/> or indicate other address below	
Ship Via : (ie-puro & account # etc)	
Street:	Prov/State:
City:	Postal/ZIP Code:
Tel:	Fax#

CONTACT INFORMATION

Name:	Telephone	Email
Owner:	Reg: Cell:	
Buyer:	Reg: Cell:	
AP: Invoice email or Fax	Email/Fax:	
Statement: email or Fax	Email/Fax:	

PAYMENT METHOD

Currency: CAD or USD (please circle one)	Tax exempt yes or no (please circle one)
If you would like to open an account, please fill out <i>Credit Application Form</i>	
Credit Card: Visa or Master Card (please circle) ** we do not accept AMX	
Card Holder's name:	
Card #	Exp Date: Sec Code : (3 digits)