



## NEW CUSTOMER FORM

### CUSTOMER INFORMATION

<b>Company's Legal Name:</b>	<b>Inc. / other</b>
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<b>Company's Business Name:</b>	<b>Inc. / Other</b>
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### BILLING ADDRESS

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

### SHIPPING INFO

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

### CONTACT INFORMATION

Name:	Telephone	Email
<b>Owner:</b>	Reg:	
	Cell:	
<b>Buyer:</b>	Reg:	
	Cell:	
<b>AP: Invoice email or Fax</b>	Email/Fax:	
<b>Statement: email or Fax</b>	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>	
<b>Credit Card:</b> Visa or Master Card (please circle) ** we do not accept AMX	
<b>Card Holder's name:</b>	
<b>Card #</b>	<b>Exp Date:</b>
	<b>Sec Code: (3 digits)</b>