

FULL LEGAL NAME OF CUSTOMER

OPERATING AS

FULL MAILING ADDRESS

FULL SHIPPING ADDRESS

DESCRIPTION OF BUSINESS

YEARS IN BUSINESS

E-MAIL ADDRESS

PURCHASING

ACCOUNTS PAYABLE

PHONE _____

PHONE _____

CONTACT _____

CONTACT _____

FAX _____

FAX _____

BANK INFORMATION

PST# _____

GST# _____

NAME _____

PHONE _____

LOCATION _____

TRADE REFERENCES

COMPANY NAME _____

COMPANY NAME _____

PHONE _____

PHONE _____

FAX _____

FAX _____

I acknowledge the above information is valid and accurate:

Signature: _____

Date: _____