



# NEW CUSTOMER FORM

## CUSTOMER INFORMATION

**Company's Legal Name:** \_\_\_\_\_ **Inc. / other**

**Company's Business Name:** \_\_\_\_\_ **Inc. / Other**

## 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

**Shipping Address** Same as above  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
<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

<b>Currency: CAD or USD</b> ( please circle one)	<b>Tax exempt yes or no</b> ( 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>