

Individual ☐**Proprietorship** ☐**Partnership** ☐**Corporation** ☐

Business Name: _____

Type of Business: _____

Mailing Address: _____

Street Address (If different from above): _____

City: _____ Province: _____ Postal Code: _____

Shipping Address (If different from above): _____

Tel: _____ Fax: _____ Local Contact Name: _____

Local Contact Email: _____ Tel: _____

Accounts Payable Contact: _____ A/P Email: _____

INVOICES BY: Email ☐ Mail ☐ Monthly Statement if Req'd (By Email Only): Yes ☐ No ☐

Email Address for Invoices & Statements: _____

PURCHASE ORDER # REQUIRED: YES ☐ NO ☐

Tax Number (if exempt): PST # _____ GST # _____

(Copy of Registration Letter or appropriate Exempt Certificate MUST accompany your application or both taxes will apply on all Invoices.)

PRINCIPALS and/or OFFICERS:**1) Name:** _____ **2) Name:** _____

Title: _____ Title: _____

Home Address: _____ Home Address: _____

Home Tel: _____ Home Tel: _____

BANKING INSTITUTION:

Name: _____

Address: _____ Province: _____ Postal Code: _____

Account Type & Number: _____ Tel: _____ Fax: _____

REFERENCES: (Please list two accounts you regularly deal with)**NAME****TEL****FAX****1)** _____**2)** _____