



NEW ACCOUNT FORM

GENERAL INFORMATION

Trade Name: _____
Address: _____

Registered Business Name: _____
 Corporation Patnership Sole Proprietor
Retail Sales Tax: _____
GST No. _____

Postal Code: _____
Fax No. _____
Phone No. _____
E-Mail Address: _____
Web-Site: _____

Invoice To: _____

Postal Code: _____

SHIPPING INSTRUCTIONS

Ship To: _____

Postal Code: _____

Via: UPS Mail Other _____

Backorders Accepted? _____

OWNER PERSONAL INFORMATION

Full Name: _____
Home Address: _____

Home Phone Number: _____
Postal Code: _____

STORE INFORMATION

Manager: _____
In Business Since: _____

Buyer: _____
Premise: Owned Leased Rented

BANK INFORMATION

Bank Name: _____
Branch: _____

City: _____
Account No. _____

REFERENCES

Name: _____
Name: _____
Name: _____
Name: _____

Telephone: _____
Telephone: _____
Telephone: _____
Telephone: _____

Thank you for taking the time to read and complete this form. We hope that we will have a long and mutually enjoyable relationship. We assure you of our best efforts to make it so.

Form read, understood, and acknowledged by:

Signature

Date



Title