

## Customer Information:

Date: \_\_\_\_\_  
Legal Name: \_\_\_\_\_ Operating Name: \_\_\_\_\_  
Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_ Partnership [ ]  
Mailing Street Address: \_\_\_\_\_ Sole Proprietorship: [ ]  
City/Prov/State: \_\_\_\_\_ Corporation: [ ]  
PC/Zip: \_\_\_\_\_ PC/Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Company E-mail: \_\_\_\_\_ Year Established: \_\_\_\_\_  
Sales Tax #/Fed. ID: \_\_\_\_\_ GST # (Canada Only): \_\_\_\_\_

## Accounts Payable Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Purchasing Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Sales Manager:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Others:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## If you are a member of a buying group:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name of Buying Group: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Street Address: \_\_\_\_\_  
City/Prov/State: \_\_\_\_\_ PC/Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_