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New Account Information

Resale ID# _____ Federal Tax ID# _____

Account Name _____

Billing Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Owner: _____ Email: _____

Buyer: _____ Email: _____

Contact: _____ Email _____

Shipping Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Bank Reference

Bank Name: _____

Officer: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Account #: _____

Contact: _____

Business Start Date: _____

Accounts Payable Name: _____ Email: _____

Trade Reference

1. Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Acct#: _____

Contact: _____

2. Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Acct#: _____

Contact: _____

3. Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Acct#: _____

Contact: _____

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

