

770.0 New Customer Form

Complete the form then fax back to us

Billing Address:

Company Name*:

Address/PO Box*:

City*:

Province*:

Postal Code*:

Phone Number*:

Fax Number:

Purchaser/Cartridge Contact*:

Purchaser/Cartridge E-mail Address*:

Purchaser/Printer Contact*: SAME AS ABOVE

Purchaser/Printer E-mail Address*: SAME AS ABOVE

Delivery Address If Different Than Above:

Company Name:

Address:

City:

Province:

Postal Code:

Phone Number:

Fax Number:

Our email list

Would you like to be notified by email of our Monthly Specials and New Products?

How did you hear about us?

Please make a selection below

Prefer to pay by credit card each purchase

Prefer to set up an account with terms. Please complete to form below.

Type of Business:

Years in Operation:

Accounts Payable Contact:

Accounts Payable E-mail:

Purchase Order Number required? Yes No

Invoicing Preference: Mail Email _____

Prefer paying via Electronic Funds Transferring (EFT)? Yes No

If yes, same as email above or EFT email address: _____

Trade/Credit References:

1. _____

2. _____

Terms: All accounts are due and payable in net 15 days from the invoice date.

Completed By (Please print): _____

Completed On: _____

Signature: _____