

## 770.0 New Customer Information Form

Complete the form then print it out, sign it and fax back to us

**Bill To:**

Full Legal Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Company Contact Name: \_\_\_\_\_  
 Company Contact E-mail Address: \_\_\_\_\_  
 Purchase Order Number Required: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Delivery Address If Different Than Above:**

Full Legal Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 \_\_\_\_\_

**Trade/Credit References:**

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Years in Operation: \_\_\_\_\_  
 Accounts Payable Contact: \_\_\_\_\_  
 Accounts Payable E-mail: \_\_\_\_\_

**Principles/Owners:**

Name	Address	Title

**Terms:** All accounts are due and payable in 10 days from the invoice date (unless otherwise stated on the invoice)

Completed By (Please print): \_\_\_\_\_

Completed On: \_\_\_\_\_ Signature: \_\_\_\_\_