

COMPANY & BILLING INFORMATION

COMPANY NAME: _____

SHIPPING / RECEIVING

STREET ADDRESS: _____

CITY: _____ PROV/STATE: _____ POSTAL/ZIP: _____

PHONE: _____ EMAIL: _____ GST#: _____

BILLING ADDRESS: _____

CITY: _____ PROV/STATE: _____ POSTAL/ZIP: _____

DATE OF INCORPORATION / PARTNERSHIP: _____ DUNS #: _____

PRINCIPAL OFFICER 1: _____ TITLE: _____

PRINCIPAL OFFICER 2: _____ TITLE: _____

BILLING CURRENCY: ☐ CDN ☐ US A/P CONTACT: _____

EST. MONTHLY CREDIT REQUIREMENT: _____

SPECIAL BILLING INSTRUCTIONS: _____

BANK & CUSTOMS INFORMATION

BANK: _____ ADDRESS: _____

BRANCH: _____ PHONE: _____

CUSTOMS BROKER: _____ PHONE: _____

CREDIT REFERENCES

1. NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

2. NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

3. NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

To the best of my knowledge, the above statements are true. My signature below A) indicates my permission to obtain credit information from the sources referenced and B) attests financial responsibility and willingness to pay invoices in accordance with terms.

CREDIT TERMS ARE 30 DAYS

SIGNATURE: _____ DATE: _____

POSITION: _____

COLLECTION PROCEDURES ARE GOVERNED BY ITEMS 435 AND/OR 440 OF THE RULES OF HRCF 100

OFFICE USE ONLY

SALES CODE: _____

APPROVAL: _____ DATE: _____ LIMIT: _____