

NAME OF CONTACT _____

DATE _____

YOUR COMPANY IMPORTER NUMBER: _____

(Above Number is 9 characters; Same as GST/HST Number with RM on End)

Note: If you don't have Importer Number Please call 1-800-959-5525 to obtain

GST NUMBER: _____

NAME OF FIRM: _____

Mailing Address: _____

NO.	STREET	CITY	PROVINCE
POSTAL CODE _____			

TELEPHONE: (____) _____ FAX NO: (____) _____ E MAIL _____

NAME AND ADDRESS OF PROPRIETOR, PARTNERS, OR IN THE CASE OF LIMITED COMPANIES, PRESIDENT, VICE-PRESIDENT, SECRETARY TREASURER.

NAME	TITLE	PERSONAL ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN BUSINESS SINCE: _____ TYPE OF BUSINESS: _____

NAME AND ADDRESS OF PRINCIPAL SUPPLIERS:

HAVE YOU DONE BUSINESS WITH OUR COMPANY BEFORE: _____ NO _____ YES
IF YES UNDER WHICH NAME ? _____
WHERE: _____ WHEN: _____

APPROXIMATE DUTY & TAX OUTLAY PER MONTH \$ _____

WE HEREBY SOLICIT THE OPENING OF AN ACCOUNT. THE DETAILS SUBMITTED ABOVE ARE TRUE AND CORRECT. ALSO, WE AUTHORIZE YOU TO TAKE OR GIVE ANY INFORMATION RELATING TO OUR CREDIT. WE ACCEPT TO PAY YOUR INVOICES ON RECEIPT. AN INTEREST OF 18 % PER ANNUM IS CALCULATED MONTHLY, 1.5 % ON ALL PAST DUE INVOICES.

AUTHORIZED SIGNATURE: _____ DATE: _____

ALL ABOVE INFORMATION WILL BE KEPT IN STRICT CONFIDENCE.

PLEASE INDICATE WHAT LEAD YOU TO CHOOSE OUR COMPANY. (PLEASE CHECK)

- | | | | |
|-----------------|-----------------------------|-------------------|-------------------|
| (1) ADVERTISING | A: Vehicle/ trailer | (2)WORD OF MOUTH- | A: Another client |
| | B: NEWS PAPER/ YELLOW PAGES | | B: Trucking firm |
| | C: RINK | | |

(3) OTHER : PLEASE EXPLAIN _____

NOTE: Invoices will be sent to email provided. If no email provided, invoices will be faxed to fax number provided. If neither provided, invoices will be mailed.