



**CUSTOMER INFORMATION**

Company Contact:	
Legal Company Name:	
Physical Address:	
City, Province and Postal Code:	
Contact Phone Number:	
Contact Email Address:	
Shipping Contact:	
Accounts Payable Contact Name:	
Accounts Payable Contact Number:	
Accounts Payable Address:	
Accounts Payable City/Prov/PC:	

**CHECKLIST (Please select)**

<input type="checkbox"/> New Customer Setup
<input type="checkbox"/> Exiting Customer Change or New Quote

Preferred Billing Method	Billing Details
<input type="checkbox"/> Mail	
<input type="checkbox"/> Fax	
<input type="checkbox"/> Email	