



New Customer Registration		
BILLING INFORMATION		
Company Name:		
Billing Address:		
City:	Province:	Postal Code:
Phone:	Fax:	Email:
Contact:	Web Site:	
Type of Business:		
SHIPPING INFORMATION (if different than billing address)		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	Email:
Contact:	Title:	
CONTACT INFORMATION (optional)		
Contact:	Title:	
Phone:	Fax:	Email:
Contact:	Title:	
Phone:	Fax:	Email:
PAYMENT INFORMATION		
Terms: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	Do you require PO numbers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Card Number:	Expiry Date:	
Name on Card:	Security Code:	
SIGNATURE (authorizing the use of your credit card for payment)		
Title: Date:		