

Company Information					
Customer's Legal Name:			Phone:		
Trade Name (doing business as):			Fax:		
Street Address:			Email:		
City:	Prov.:	Postal Code:	PST No. (Exemption Certificate Required):		
Shipping Address:			GST / HST No.:		
City:	Prov.:	Postal Code:	Credit Limit Requested:		
Date Business Started:		Date Business Incorporated:			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Subsidiary of _____					
Account Payables Contact:			Email for Invoices & Statements:		
A/P Phone & Email: Ph: E:					
Principal Officer (1) Name & Title:			Principal Officer (2) Name & Title:		
Home Address:			Home Address:		
City:	Prov.:	Postal Code:	City:	Prov.:	Postal Code:
Home Phone:			Home Phone:		
Financial Information					
Bank Name:			Contact Person:		
Street Address:			Phone:		
City:	Prov.:	Postal Code:	Account #:		
Trade References					
1. Supplier Name:			2. Supplier Name:		
Address:			Address:		
City:	Prov.:	PC:	City:	Prov.:	PC:
Phone:	Fax:	Contact:	Phone:	Fax:	Contact:
3. Supplier Name:			4. Supplier Name:		
Address:			Address:		
City:	Prov.:	PC:	City:	Prov.:	PC:
Phone:	Fax:	Contact:	Phone:	Fax:	Contact:

Contact Name: _____ Title: _____
 Signature: _____ Date: _____

When completed please save and click here to email this document to accounting@cuttingedgeflooring.com