



<b>Account Executive:</b>	
<b>Customer No.:</b>	
<b>Updated</b>	
<b>By:</b>	<b>Date:</b>

Vancouver Tel: 604-303-0206 Fax: 604-303-0207	Calgary Tel: 403-450-3434 Fax: 403-450-3435	Toronto Tel: 905-470-0082 Fax: 905-470-3183	Ottawa Tel: 613-746-8227 Fax: 613-746-8679	Montreal Tel: 514-333-6538 Fax: 514-333-6549	Halifax Tel: 902-468-0030 Fax: 902-468-0040	Walnut, CA. U.S.A. Tel: 888-908-7368 Fax: 888-316-7383
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## **NEW CUSTOMER FORM**

Registered Business Name: \_\_\_\_\_ Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Day: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Type: (Check One)      • Limited Company      • Partnership      • Proprietorship

Date of Incorporation: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Annual sales volume: \_\_\_\_\_ Estimated Monthly Purchase: \_\_\_\_\_

### **Other locations and/or associated Companies**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Principals (Partners / Owners)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City / Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City / Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Company Information**

• Retail    • VAR    • Consultant    • System House    • Wholesaler    • Chain stores    • Other (Please Specify): \_\_\_\_\_

Purchaser / Buyer : \_\_\_\_\_ A/C Payable: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Sales Personnel: \_\_\_\_\_

How did you learn about ELCO? (Please check one)

• Trade Magazines    • Web site    • Referral    • Trade Shows    • Other (Please Specify): \_\_\_\_\_



Vancouver	Calgary	Toronto	Ottawa	Montreal	Halifax	Walnut, CA. U.S.A.
Tel: 604-303-0206	Tel: 403-450-3434	Tel: 905-470-0082	Tel: 613-746-8227	Tel: 514-333-6538	Tel: 902-468-0030	Tel: 888-908-7368
Fax:604-303-0207	Fax:403-450-3435	Fax:905-470-3183	Fax:613-746-8679	Fax:514-333-6549	Fax:902-468-0040	Fax:888-316-7383

## NEW CUSTOMER FORM

### BANK REFERENCE

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Account No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ City / Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### TRADE REFERENCES

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Payment Terms: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Payment Terms: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Payment Terms: \_\_\_\_\_

I/We certify that the information contained in this form is true and correct. Furthermore, I/We understand that all products are shipped without insurance, unless otherwise specified, and shipping losses and damages are my/our responsibility.  
 I/We consent to the obtaining of bank/credit and/or personal information as may be required at any time in connection with this New Customer Form and to the disclosure of any bank/credit information concerning me/us and/or my/our company to any credit reporting agency or to any person with the undersigned has or proposes to have financial relations.  
 I/We further agree to indemnify ELCO Systems from all claims, which may arise because ELCO Systems disclosed information about myself/us and/or my/our company.

**Name (Print):** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please completely fill in the application to allow us to better serve and support you!**  
**Please fax back this form with a Void Company Cheque, Vendor Permit.**