



Vancouver	Calgary	Toronto	Ottawa	Montreal	Halifax
Tel: (604) 303-0206	Tel: (403) 291-2883	Tel: (905) 470-0082	Tel: (613) 746-8227	Tel: (514) 333-6538	Tel: (902) 468-0030
Fax: (604) 303-0207	Fax: (403) 291-2890	Fax: (905) 470-3183	Fax: (613) 746-8679	Fax: (514) 333-6549	Fax: (902) 468-0040

Account Executive:	
Customer No.:	
Updated	
By:	Date:

NEW CUSTOMER FORM

Registered Business Name: _____ Doing Business As: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax Day: _____ Fax Night: _____ Email Address: _____

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

Date of Incorporation: _____ Date Business Started: _____

Annual sales volume: _____ Estimated Monthly Purchase: _____

GST # _____ PST # _____ QST/HST # _____

Other locations and/or associated Companies

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Principals (Partners / Owners)

Name: _____ Title: _____

Address: _____ City / Prov: _____ Postal Code: _____ • owned • rented

Tel: _____ Fax: _____ S.I.N. : _____ Drivers License: _____

Name: _____ Title: _____

Address: _____ City / Prov: _____ Postal Code: _____ • owned • rented

Tel: _____ Fax: _____ S.I.N. : _____ Drivers License: _____

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): _____



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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, Tax Exemption Form and Certificate of Registration.