



NEW ACCOUNT FORM

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Billing information

Company name:	
Address:	
Telephone # :	Fax # :
In business since:	
Federal Tax ID # (GST/HST) :	
Provincial Tax ID # (QST) :	

Shipping information (please attach a list of other locations)

Name :	
Address:	
Telephone # :	Fax # :
Primary buyer's name:	E - E
Email address:	
Secondary buyer's name:	E - E
Email address:	

Accounts payable

Contact name:	
Email address:	Fax # :

*Do you wish to receive invoices by email? YES NO

INTERNAL USE ONLY

Date:	Agent # :	Sub-agent #
Warehouse CAN :	<input type="radio"/> Québec	<input type="radio"/> Ontario
	<input checked="" type="radio"/> B.C.	
Warehouse USA :	<input type="radio"/> Ohio	
Discount structure	<input type="checkbox"/>	
Group # :	PPD: \$	Credit limit: \$

Please fill in this form, sign it and send it back to Sales.

Email: sales@bmicanada.com
 Fax: 1-800-561-8579

X _____