



**NEW ACCOUNT FORM**

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<b>Billing information</b>	
Company name:	
Address:	
Telephone # :	Fax #
In business since:	
Federal Tax ID# (IRS#):	
<b>Shipping information (please attach a list of other locations)</b>	
Name:	
Address:	
Telephone # :	Fax #
Primary buyer's name	E - E
Email address:	
Secondary buyer's name:	E - E
Email address:	
<b>Accounts payable</b>	
Contact name:	
Email address:	Fax #

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

<b>INTERNAL USE ONLY</b>											
Date:	Agent #:							Sub-agent #			
Warehouse CAN:	<input type="radio"/> Quebec		<input type="radio"/> Ontario			<input type="radio"/> B.C.					
Warehouse USA:	<input checked="" type="radio"/> Ohio										
Discount structure	<input type="checkbox"/>						Resale certificate				<input type="checkbox"/>
Group # :	PPD: \$			Credit limit \$							
MCH:	1.	2.	3.	4.	5.	6.	7.	8.	N/A	CR	

**\*\*USA CUSTOMERS: PLEASE SEND US A COPY OF YOUR RESALE\*\*  
CERTIFICATE IF APPLICABLE IN YOUR LOCATION**

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

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

X \_\_\_\_\_