



CUSTOMER ACCOUNT FORM

709 43rd Street East | Saskatoon, SK S7K 0V7 | (306) 664-3458 Fax: (306) 665-1027

1. TO BE COMPLETED BY CUSTOMER

SEND INVOICES TO

Company Name _____

Address _____

Address _____

City _____ Prov. _____ Postal Code _____

Telephone _____ Fax _____

Contact Name _____ Accounting Contact Name _____

Email Address _____ Accounting Contact Email Address _____

TAX STATUS

Charge Both Taxes

PST Exempt # _____

GST Exempt (Documentation required, please attach)

Exempt Both Taxes (Documentation required, please attach)

Are Purchase Orders Required? Yes No

Any Special Billing Requirements?

Terms are 50% at time of order, 50% upon delivery until approval of credit. If you wish credit approval, a credit application must be completed.

I require a credit application

No credit is required, continue to send orders C.O.D.

Company Representative (**Signature Required**)

2. TO BE COMPLETED BY SALESPERSON

Comments _____

Market Class _____ Salesperson (**Signature Required**) _____

OFFICE USE ONLY

Approved _____ CUSTOMER NO.