



CUSTOMER PROFILE

Customer Name: _____

Billing Address : _____

_____ PC _____

Telephone # : _____ Fax _____

Owner/Manager: _____ A/Payable _____

***PST*As per government of Ontario regulations PST must be charged if certificates are not issued.**

Please advise if you prefer:

- Invoices to be Emailed Yes ____ No ____
- Monthly Statements to be Emailed Yes ____ No ____
- Quotes to be Emailed Yes ____ No ____
- Monthly Flyer to be Emailed Yes ____ No ____
- Specials & Updates to be Emailed Yes ____ No ____

Email: _____ Attn: _____ Position: _____

Shipping Address: _____

_____ PC _____

For Office use only

Customer Number _____ Cust Class _____ Discount Status _____

Assigned Salesman _____ Lvl _____ Grp _____ Frt Alw _____

Approved _____ Date Opened _____



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