

CapSure Canada

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NEW CUSTOMER ACCOUNT INFORMATION-

Please Fill out the Following 2 pages and remit.

1) Legal Name of business: _____
DUNS#: _____
(if applicable)

New Venture () Proprietorship () Partnership () Incorporated ()
Address: _____

Tel. # _____ Fax. # _____

Email: _____

Shipping Address _____

Trade Names: _____

Associated Firms: _____

Business Operated From: Warehouse () Retail Store () Office () Home () Other ()

Nature of Business: Wholesale () Promotional () Screen printer () Distributor () Embroidery ()

Member of PPAC, PPAI, ASI: Yes () No ()

2) Owner's Name(s): _____

(if partnership, give names of partners; if corporation, show officers' names & titles)

Address: _____

Home Phone: _____ Cellular #: _____

Fax No.: _____

If Sole Proprietorship, please fill in: (a) S.I.N. #: _____

(b) Date of Birth: _____

3) How long in business? _____ No. of employees? _____

P.S.T. No.: _____ GST# _____

Estimated Annual Sales: _____

Estimated Purchases from CapSure: _____

Method of payment: Cash () Credit card () Terms ()

For Credit Card Use Only:

Credit Card #: _____ Expiry Date: _____

Name of Card Issuing Bank: _____

Card Holder's Name: _____

Card Holder's Address: _____

Card Holder's Telephone #: _____

This is to authorize CapSure to charge my credit card account for purchases for the above company.

Card Holder's Signature: _____ Date: _____

Please initial the following line if this is a standing authorization for future orders:

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For Office Use Only

Customer A/C #: _____ Date Received: _____