



## NEW CUSTOMER INFORMATION FORM

TEL: 1-800-790-1280 FAX: 1-800-771-7633

YEARS IN BUSINESS: \_\_\_\_\_ TYPE OF BUSINESS: ☐ Proprietorship ☐ Partnership ☐ Limited Company

LEGAL NAME OF BUSINESS: \_\_\_\_\_ GST/HST # / TAX ID #: \_\_\_\_\_

### BUSINESS INFORMATION

#### SHIP TO INFORMATION

#### BILL TO INFORMATION

Store Name: \_\_\_\_\_ Bill to Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/ZIP: \_\_\_\_\_ City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/ZIP: \_\_\_\_\_  
Store Contact: \_\_\_\_\_ Store Contact: \_\_\_\_\_  
Business Email: \_\_\_\_\_ A/P Email: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ A/P Phone Number: \_\_\_\_\_  
Business Fax Number: \_\_\_\_\_ A/P Fax Number: \_\_\_\_\_

### OWNER/PRINCIPAL INFORMATION

#### OWNER # 1

#### OWNER # 2 (If applicable)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/ZIP: \_\_\_\_\_ City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### PAYMENT OPTIONS (ONLY FILL OUT ONE SECTION)

**SECTION 1:** ALL ORDERS PRE-PAID PRIOR TO ORDERS SHIPPING

**SECTION 2:** APPLY FOR ACCOUNT TERMS

### SECTION 1: (ONLY CHECK OFF ONE BOX)

- ☐ Credit Card - Fill out the Recurring Credit Card Authorization Form  
☐ Online Banking - Instructions will be provided to customer  
☐ Direct Deposit - Instructions will be provided to customer

### SECTION 2: (PLEASE ONLY PROVIDE SUPPLIERS YOU HAVE TERMS WITH - NO C.O.D ACCOUNTS)

	Reference # 1	Reference # 2	Reference # 3
Company Name			
Accounting Contact			
Phone Number			
Fax			
Email			

*\*\*Please note that terms can take 2-4 weeks to be established. To avoid delays in your first order, we can offer payment in advance through credit card or online payments. If you wish to do this, please check this box and the office will contact you regarding your first order ☐\*\**

### CONSENT

I/we hereby agree to the following

- ☐ For A-Line Greetings to investigate my/our credit background including obtaining of credit reports from Credit Agencies and other sources (if I have applied for terms)  
☐ For A-Line Greetings to use my/our email address for the use of receiving account information, periodic product news or specials and promotional material

Signature: X \_\_\_\_\_

Date: \_\_\_\_\_

*Please find attached a New Customer Information form to complete. Please note that if you wish to apply for credit terms we require a minimum of 3 non COD (Cash or Cheque on Delivery) credit references with phone numbers and fax numbers. This information must be legible in order to process the request. It takes approximately 7-10 business days to establish terms depending on how quickly your references respond to our requests. If you wish to pay for your opening order on credit card and then apply for terms for regular orders, please complete the credit reference section and the credit card authorization form which is also attached.*

*Should you wish to pay for all orders on credit card please complete the attached recurring credit card form as well as the New Customer information Form, leaving the credit reference section blank.*

*You also have the option to pay for your order by making a bank deposit. If you choose this option please indicate this on your application and we will provide you with the information needed to make the deposit. If you would like to use Online Banking, please indicate this on your application and we will provide you with the information needed for Online Banking.*

*Please feel free to contact me with any questions you may have.*