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| --- | --- |
| CUSTOMER INFORMATION | |
| Company Contact: |  |
| Legal Company Name: |  |
| Physical Address: |  |
| City, Province and Postal Code: |  |
| Contact Phone Number: |  |
| Contact Email Address: |  |
| Shipping Contact: |  |
| Accounts Payable Contact Name: |  |
| Accounts Payable Contact Number: |  |
| Accounts Payable Address: |  |
| Accounts Payable City/Prov/PC: |  |
| CHECKLIST (Please select) | |
| New Customer Setup | |
| Exiting Customer Change or New Quote | |
| Preferred Billing Method | Billing Details |
| Mail |  |
| Fax |  |
| Email |  |
|  | |