



## New Account Setup Form

Please complete all information below and fax to: 1 (416) 252-7834

### COMPANY INFORMATION

Legal Company Name: \_\_\_\_\_

Operating Name (if different from above): \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### PRIMARY CONTACT

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment Terms: \_\_\_\_\_ Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_

Call For Orders: \_\_\_\_\_ Weekly: \_\_\_\_\_ Biweekly: \_\_\_\_\_

### DELIVERY NOTES

Territory Number: \_\_\_\_\_ Delivery Day: M T W T F

General Notes:

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