



# NEW CUSTOMER

(Canada)

Please complete this form digitally. Do not print and complete by hand. Thank you!

<b>GENERAL CLIENT INFORMATION</b> <small>All Fields In This Section Are Mandatory</small>	
COMPANY NAME:	
Corporation/Business CRA Number:	
BILLING NAME (If different from above):	
BILLING ADDRESS/STREET & SUITE:	
CITY/PROVINCE:	
COUNTRY/POSTAL CODE:	
PHONE/ FAX:	

<b>CONTACTS</b>	
<b>ACCOUNTING Contact Name (Invoices &amp; Payment)</b>	
PHONE #	
MOBILE #	
EMAIL:	
<b>SALES Contact Name (Orders &amp; Product)</b>	
PHONE #	
MOBILE #	
EMAIL:	

<b>GENERAL INFO</b>	
Are you a Promotional/Incentive Company? (Yes/No)	
If YES, what is your PPPC # (or other association)?	
If NO, have you dealt with a promotional company in the last 6 months? (Yes/No, and company name, if available)	
If you are a referral, please indicate the name of the company and person that referred you.	
What is your website address?	
Is this company associated with another company which is currently purchasing from PI Incentives Ltd? (Yes/No and name)	
If you intend to ship product to BC, MB, SK and are PST exempt, please indicate Yes/No or N/A. A detailed form will be sent to you to complete for PST exemption.	
If you are a registered charity, please provide your registration number, and the sales tax exemption.	
We hereby confirm that all product purchase will not be sold in the retail channel. (Yes/No)	

We hereby confirm all the information above is true and correct.	
Full Name of Authorized Person	
Title of Authorized Person	
Date (MM/DD/YY)	

**Payment options: EFT (Electronic Funds Transfer), Cheque or Credit card (Visa and MC only).**

**All orders must be pre-paid prior to processing until credit terms are approved.**

Payment term of Net 30 days and Credit limit will be offered upon sales history analysis, and approved credit application.