



# NEW RETAIL CLIENT

(Canada)

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

<b>GENERAL CLIENT INFORMATION</b> <i>All Fields In This Section Are Mandatory</i>	
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 Retail Company? (Yes/No)	
How did you find out about PI? (eg. Internet, friend, referral, etc.)	
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.	

Please confirm by signing off stating that all product purchased will not be resold to any discount retailer and all information above is true.	
Full Name of Authorized Person	
Title of Authorized Person	
Date (MM/DD/YY)	

Payment options: EFT; Wire transfer; E-Transfer; Bank Certified Cheque, Visa and MasterCard.