

CUSTOMER ACCOUNT SET-UP FORM

Company Information			
Company Name:			
		Year Established:	
GST Number:	PST Exemption Number	PST Exemption Number:	
We will be unable to fulfill a PST exe	emption without the proper PST documentation on f	ile.	
Billing Address:			
City:	Province: Post	tal Code:	
Phone Number:	A/P Email Address:		
Shipping Address (if different):			
City:	Province: Pos	tal Code:	
Credit Application			
Are you applying for a credit acco	ount? (yes/no) If "YES", Credit Amount Re	quested:	
If "NO", leave the rest of the form	n blank, and sign below.		
Persons Authorized to Charge:			
Are PO Numbers required? (yes	s/no):		
Trade References *3 references with emails are required to	o process your credit application		
1. Company Name*:	Contact Name:	Contact Name:	
Email*:			
2. Company Name*:	Contact Name:		
Email*:			
	Contact Name:		
Email*:			
	ioned above, I am applying for credit terms and certi t this vendor's privilege to charge interest on all overdu		
Applicants' Name	Position		
Signature			

Email completed form to: ar@southernirrigation.com