



## Customer Information Form

Company Name:	
<b>BILL TO:</b>	
Street Address:	Unit Number:
City:	Province:
Postal Code:	Tel:
Email:	PST Number:
Accounts Payable Contact Name:	Accounts Payable Email:
<b>SHIP TO:</b>	
Shipping Address: same as above	
Street Address:	Unit Number:
City:	Province:
Postal Code:	Tel:
Email:	Instructions: