New Account Request - CANADA

**** All information is required and must be typed. Incomplete forms will not be processed.***

Submit to: Jenny Fessler	Email: jfessler@reliablesprinkler.com

INTERNAL SALES SECTION

Date:	Account #: *(will be assigned)*	Sales Rep:
Warehouse / Currency: / ORG:		Salesman Code:
Requested By:	Parent Company Name & Acct #	Prospect in CRM: Yes ☐ No ☐

COMPANY INFORMATION

Company Name:	
Telephone #:	Fax #:
	Member of: CASA Yes ☐ No ☐
Provincial Tax: YES ☐ NO ☐	QST Tax ID #: (For Quebec ONLY)

Contact Name:	
Title:	
Email Address:	E Form Acknowledgement: Yes ☐ No ☐

BILL TO ADDRESS

Email Address for Invoices:		
Address:		
City:	Province:	Postal Code:
County: (If in applicable)		Country:

SHIP TO ADDRESS

Address:		
City:	Province:	Postal Code:

THIS SECTION FOR NY SALES DEPARTMENT USE ONLY!

Notes:

	Date	Initials
AS400		
CRM		