



New Customer Information Form

Date: _____

Business Information

Legal Business Name: _____

Store Name: _____

Owner’s Name: _____

Year Established: _____

HST / GST Number: _____

Bill To Address:

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Ship To Address:

Check box if same as Bill To

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

Payment Options

Credit Card

Terms (subject to approval)

Is Customer Tax Exempt?

YES NO

Please provide tax exemption document

Credit Card Information

Card Type: _____

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ Security Code on Back of Card: _____

Customer Signature: _____ Date: _____

By providing your credit card information you are authorizing Surprise Enterprize Inc. to automatically process payment on all invoices.

If you do not agree to this please contact our office at 1-800-363-4590.