

New Customer Account Application Form

Applicant Information

Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	Business Start or Incorporation Date:	(YYYY/MM/DD)
Legal Business Name: _____		
Operating Name: _____		
Is Business/Operating Name(s) Registered? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide Registration Number: _____		
HST/GST: _____ PST: _____		
Number of employees: _____		
Business Mailing Address: _____ <small>(Street Number, Name, RR#, Box #, Suite, Unit) (City) (Province) (Postal Code)</small>		
Phone Number: ()	Mobile phone: ()	
Fax Number: ()	Email _____	

General Information

Which method would you like your correspondence sent by: Email Fax Mail **Contact Person:** _____

Specify Line of Business:

<input type="checkbox"/> Wholesale	<input type="checkbox"/> e-commerce	<input type="checkbox"/> Service/repair	<input type="checkbox"/> Education
<input type="checkbox"/> Retailer	<input type="checkbox"/> government	<input type="checkbox"/> Distribution	<input type="checkbox"/> Other _____

Principal Director(s), Owner(s), (s), Partners(s), RMA contact Information (Attach separate sheet if more space is required)

Provide full legal names of all Principals and their Business Title:

Name:	Title:
Name:	Title:
Name:	Title:
RMA contact Name:	Tel: _____ Email: _____

Bank Reference

Please provide a bank reference with contact name, address and telephone number.

Name of Bank: _____

Address: _____

Tel: _____

Contact: _____

Major Trade References

Supplier Name	Telephone Number	Fax Number	Contact
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
Credit Limit Requested: _____			

hereby acknowledge that I have received a copy of the standard trade terms and conditions, which I have reviewed, and on behalf of the applicant I agree that these standard trading conditions shall govern the relationship between the applicant and GS Global Security.

Date: _____ Signature: _____ Title: _____
Signing officer (Please print)