

CUSTOMER REGISTRATION FORM

COMPANY INFORMATION					
LEGAL BUSINESS NAME/ENTITY					
BILLING ADDRESS					
SHIPPING ADDRESS (If more than one (1) please provide listing)					
TYPE OF BUSINESS			YEARS IN BUSINESS		
PRIMARY INDUSTRY:	OIL & GAS DRILLING/PIPELIN MINING PLANTS OTHER	NING		TRANSPORTATION CONSTRUCTION WIND	
CONTACT INFORMATION					
PURCHASING CONTACT		ACC	OUNTS PAYABLE CONTAC	т	
NAME		NAME			
PHONE		PHONE			
EMAIL		EMAIL			
SHIPPING PREFERENCES					
COURIER		ACCOUNT NO			
ADDITIONAL INFORMATION					
BILLING REQUIREMENTS					
PAYMENT METHOD: EFT CHEQUE CREDIT CARD (Please fill out Credit Card Authorization Form)		INFORMATION REQUIRED: PURCHASE ORDER NUMBER ACCOUNT AND/OR CODING APPROVAL SIGNATURE OTHER		BILLING CURRENCY: CAD USD	
CREDIT INFORMATION					
FINANCIAL INSTITUTION NAME	INSTITUTION PHONE				
INSTITUTION ADDRESS					
TRADE REFERENCES					
1. COMPANY		PHONE	FA	X	
2. COMPANY		PHONE	FA	x	
I declare the information given in	this application is true and co	rrect. I understand	and accept the terms of c	credit: Net 30 Days	
PRINT NAME	NT NAME TITLE				
CIONATURE			DATE		