

Techwave Distribution Inc.

Suite 186 – 4611 Viking Way, Richmond, B.C. V6V 2K9

Tel: (604) 231-9009

Fax: (604) 231-9005

Account Application

Sales Rep.: _____

Legal Business Name (same as business license)

President/Owner

DBA (Doing Business As)

Contact Person Of Account Payable

Shipping/Billing Address (No P.O. Boxes please)

Name of Purchaser

City

Email Address

Province

Postal Code

Business Website Address

Business Phone Number

Annual Sales

Business Fax Number

This company is a Sole Proprietorship Partnership Corporation

HST# / GST # _____

PST # _____

ADS # (For Alberta customers) _____ Environmental Handling Fee (EHF#) _____ (for BC customers)

SWEEP # (For Saskatchewan customers) _____ Other Recycling Number : _____

Date Business was founded _____

Number of Employee(s) _____

Bank References:

Bank Name

Account Number

Street

City

Postal Code

Trade References:

Business Name Phone No. Fax No. Contact Person

Business Name Phone No. Fax No. Contact Person

Consent for receiving news and promotions by our emails : please circle Yes or No

I hereby certify the above information to be correct. We understand that all products are shipped without insurance unless specified. Customer hereby agrees to provide his own insurance coverage for all shipments sent by Techwave and holds Techwave harmless from loss, damage, or shortage insured during transit for goods purchased from Techwave.

Please attach a copy of void cheque and Tax exempt certificate with this application form.

Date _____

Authorized Signature _____

Title _____

Printed Name _____