



CUSTOMER PROFILE

1. GENERAL BUSINESS INFORMATION			
Registered Company Name (DBA):			
Billing Address, City, State, Zip:			
Ship Address (if different):			
Tel:	Fax:	www:	
Years in Business:	Federal Tax ID #:	Filed Bankruptcy: <input type="checkbox"/> No <input type="checkbox"/> Yes, Year:	
Nature of Business:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		
2. KEY CONTACT INFORMATION			
Position:	Name:		
Tel:	Fax:	Email:	
Position: Accounts Payable	Name:		
Tel:	Fax:	Email:	
3. BANKING INFORMATION			
Bank:	Acct #:	Years with Bank:	
Address, City, State, Zip:			
Acct Mgr:	Tel:	Fax:	
4. TRADE/SUPPLIER INFORMATION			
1	Supplier:	Credit Limit:	Terms: Since:
Contact:		Tel:	Fax:
Address, City, State, Zip:			
2	Supplier:	Credit Limit:	Terms: Since:
Contact:		Tel:	Fax:
Address, City, State, Zip:			
3	Supplier:	Credit Limit:	Terms: Since:
Contact:		Tel:	Fax:
Address, City, State, Zip:			
5. SIGNATURE			
I hereby certify that the information contained herein is complete and accurate. I authorize our bank(s) to release any information necessary to establish a line of credit. Fax completed application to 905-660-1604, Attn: Accounting Dept.			
Date:	Name:	Signed:	Title:

OFFICE USE ONLY

<input type="checkbox"/> Yes <input type="checkbox"/> No	Terms:	Limit:	Signed:	Date:
Business Category: <input type="checkbox"/> End User <input type="checkbox"/> Corporate <input type="checkbox"/> Reseller <input type="checkbox"/> Distributor <input type="checkbox"/> Rep/Agent <input type="checkbox"/> Partner <input type="checkbox"/> Other:				
% Discount Approved:				

PLEASE FAX COMPLETED FORM TO FAX NUMBER SHOWN BELOW OR EMAIL TO SBELLO@PERMACHARTS.COM

Permacharts Inc.

163 Buttermill Ave, Suite 13, Concord, ON L4K 3X8 • 616-60 Industrial Pkwy, Cheektowaga, NY 14227

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