



TopSources Lab Inc.

Unit 3, 13520 Crestwood Place, Richmond, BC V6V 2G2
 Tel (604) 273-8631 Toll Free 1-877-867 2738 Fax (604) 273-3467
 Web Site : www.topsourceslab.com

A/C#	
Rep:	
Date:	

To setup New Customer Account, please complete this form and fax back to TopSources at (604) 273 3467 with:
 1. Copy of Your Company Cheque (marked VOID, having company name imprinted on the cheque by the bank)
 2. Business Registration or other official business identity proof.
 3. PST Certificate, if applicable.

GENERAL INFORMATION:				
Company Name:				
Other Associated Company Name (if any):				
Tel:		Fax:		Email address:
Street Address:				
City:	Province:	Zip / Postal:		
PST Number:	Federal TAX #:	Business License :		

Please fill up the following information if applying for credit term payment.

OWNER INFORMATION:				
Name:		Title:		Phone: ()
Share:		Address:		
Name:		Title:		Phone: ()
Share:		Address:		
Name:		Title:		Phone: ()
Share:		Address:		
Purchaser:		A/C Payable Manager:		

BUSINESS NATURE:				
Date Business Established:		Number of Employee:		
Annual Sales Volume:		Est. Monthly Purchase Amount from TopSources:		
Proprietorship	Consultant Firm	Store Front	Wholesaler	
Home Base	System Integrator		Software House	
Corporation	ISP	End User		
Organization (Please Specify):		Other (Please Specify):		

BANK REFERENCE :				
Bank:	Phone: ()	Fax: ()	Contact:	
Address:		A/C #:		

TRADE REFERENCE				
Company		Tel:		Fax:
Company		Tel:		Fax:
Company		Tel:		Fax:

I/We expressly consent to TopSources Lab Inc. and/or her Trade Insurance Agent to obtain any report containing credit or personal information that is required in obtains services from TopSources. I / we declare that the information given on this application is true and accurate in every aspect. This declaration is made for the purpose of obtaining services from TopSources and will remain confidential.

Signed _____ Name _____ Position _____ Date _____