

## International Customer Information Form

**Company Name:** \_\_\_\_\_ **Customer No:** \_\_\_\_\_

**Primary Contact:** Name \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail \_\_\_\_\_  
Website \_\_\_\_\_

**Postal Address:** Street / PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**Invoice Address:** Street / PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
VAT # \_\_\_\_\_

**A/P Contact:** Name \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail \_\_\_\_\_

**Customs:** Broker \_\_\_\_\_

**Transport:** Preferred Carrier \_\_\_\_\_  
Acct # \_\_\_\_\_

**Payment:** Orders are subject to Prepayment. Please select payment option:

- a)  Bank Transfer - wire transfer fee applies
- b)  Cheque - items will be shipped only when cheque clears

**PLEASE EMAIL BACK THIS FORM TO SENDER  
OR FAX TO 613-632-2030 FOR PROCESSING**