



www.tulmar.com

Customer Information Form

Billing Info: Company Name: _____ Customer No: _____
Street / PO Box _____
City _____ Province _____ Country _____
Postal / Zip Code _____ Website _____
Phone No. _____ Fax No. _____
Federal Tax ID # _____

Buyer Contact: Name _____
Phone No. _____ Fax No. _____
E-mail _____

A/P Contact: Name _____
Phone No. _____ Fax No. _____
E-mail _____

Payment: First order subject to Prepayment. Please select payment option:
a) Credit Card
b) Bank Transfer
c) Cheque
To establish Credit Terms please provide completed **Credit Application Form**

Currency: CND USD

Transport: Preferred Carrier: _____ Acct # _____
or
 Prepaid and Charge

Customs Broker: _____

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