



REGISTRATION FORM

CUSTOMER INFORMATION

Company _____

Address _____

City _____

State/Province _____ Zip/Postal Code _____

E-Mail _____

Phone Number _____

Fax Number _____

Contact Name _____

BANK INFORMATION

Bank _____ Branch # _____

Address _____

City _____

State/Province _____ Zip/Postal Code _____

Country _____

Phone Number _____

Fax Number _____

Contact Name _____

TRADE REFERENCE

No.	Company Name	Contact Person	Phone Number
1			
2			
3			

As an authorized officer of the company, mentioned above. I am hereby requesting your service, on an as per need basis, as of the date mentioned below. All invoices will be paid in 30 days, Outstanding invoices will be charged 3% interest per month. This is agreed to by the two parties signing below

Name: _____

Title: _____

Signature: _____

Date: _____