

PLEASE PRINT

CANADIAN CUSTOMER PROFILE

BUSINESS NAME: _____

OPERATING NAME (if different): _____

BN _____ RC _____ GST/HST# _____ RT _____

NATURE OF BUSINESS: _____ RETAILER _____ WHOLESALE _____ MANUFACTURER _____

CONTACT PERSON: _____ POSITION: _____

TELEPHONE #: _____

EMAIL: _____

SHIPPING ADDRESS:

STREET: _____ UNIT: _____

TOWN/CITY: _____ PROVINCE: _____

POSTAL CODE: _____

STORE HOURS:

DAYS OPEN: MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____

HOURS: MON _____ TUES _____ WED _____ THURS _____

FRI _____ SAT _____ SUN _____

METHOD OF PAYMENT- under \$5000:

VISA MASTERCARD

NUMBER: _____

EXPIRY DATE: _____ \ _____ CVC: _____

NAME ON CARD: _____

AUTHORIZED SIGNATURE: _____

E-TRANSFER- over \$5000: instructions below

SECURITY QUESTION (if applicable): **What is my invoice number?**

ANSWER: (use the invoice number you are paying)

PLEASE NOTE: **ALWAYS MENTION YOUR INVOICE NUMBER YOU ARE PAYING**

PLEASE COMPLETE AND RETURN TO BRIGGS & LITTLE FOR OUR RECORDS, THANK YOU.

