



YOUR SALES REP. :

NEW ACCOUNT FORM

UNIT 5, 5500 Tomken Rd.
MISSISSAUGA, ONT, L4W 2Z4, CANADA

Tool Free: 1-(800) 398-6925 FAX# 1-(800) 398-6012

PLEASE FILL IN ALL THE INFORMATION BELOW

LEGAL NAME OF FIRM & TRADE NAME (IF ANY)

ADDRESS (SUITE#, STREET, CITY)

PROVINCE, POSTAL CODE

Business #:

TEL# () - FAX# () -- NATURE OF BUSINESS

DATE OPEN / INCORPORATED

PLEASE CIRCLE: INCORPORATED / PARTNERSHIP / PROPRIETORSHIP

GROSS ANNUAL SALES \$

OF EMPLOYEES

BANK

ADDRESS (STREET, CITY)

TRANSIT #

ACCOUNT #

BANK TEL# () ---

CONTACT NAME

BANK FAX# () ---

I HEREBY AUTHORIZE MY BANK TO RELEASE ALL NECESSARY INFORMATION PERTAINING TO "LAPTOP POWER INC.

SIGNATURE x

NAME PLEASE PRINT

OWNERS / PARTNERS / OFFICERS :

NAME POSTION ADDRESS TELEPHONE # S.I.N. # (OPTIONAL)

1

2

3

4

5

SHIP VIA - Please Circle: By Courier: Canpar or PICK UP

TRADE REFERENCE

* REFERENCES MUST BE ABLE TO QUOTE A MINIMUM OF ONE FULL YEARS TRADE EXPERIENCE.

MUST PROVIDE AT LEAST TWO TRADE REFERENCE UNLESS PAY BY CREDIT CARD, COD - CASH OR CERTIFIED CHEQUE.

Table with 2 columns: NAME (A/C#), ADDRESS, CITY PROV. POSTAL CODE, FAX # & CONTACT

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WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT.

DATE NAME SIGNING OFFICER x

IF FAX MACHINE IS BUSY, PLEASE TRY TO FAX LATER. THIS NEW ACCOUNT FORM IS VERY IMPORTANT TO PROCESS YOUR APPLICATION.