

JKL MICRO DISTRIBUTION INC.

NEW CUSTOMER APPLICATION FORM

COMPANY INFORMATION

Applicant's Name: _____

Company Legal Name: _____

Company Trade Name: _____

Business Address: _____

Business Phone No: _____ Business Fax No: _____

Shipping Address: _____

PST Exemption Number: _____

GST Business Number: _____

Estimated Annual Purchase: _____

TYPE OF BUSINESS

Store Front _____ Consultant _____ Repair Service _____ Home Base _____

Educational _____ Government _____ Small Business _____ Corporate _____

Others (Please Specify) _____

Years in Business: _____

BANK INFORMATION

Name of Bank: _____

Bank Address: _____

Account Number: _____ Type of Account: _____

Line of Credit: _____

Please send application to inquiry@jklmicro.com or Fax to JKL Micro Distribution at 613-384-8981.
If you are a reseller, please also send a copy of your PST Registration and PST Exemption Certificate.