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| --- |
| **Company Information** |
| Legal Business Name: Click here to enter text. | Billing Address: Click here to enter text. |
| Telephone No.: Click here to enter text. | Fax No.: Click here to enter text. |
| Accounts Payable Contact: Click here to enter text. | Email Address: Click here to enter text.Email Address where to send the invoices: Click here to enter text. |
| Type of Business: [ ]  Sole Proprietorship [ ]  Partnership [ ]  Corporation – Private [ ]  Corporation - Public |

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| **Financial Information** |
| Business Number (GST or PST):  |
| Subsidiaries and Joint Ventures: Click here to enter text. |
| Please list 3 business references that we can contact: |
| 1. Click here to enter text.
 |
| 1. Click here to enter text.
 |
| 1. Click here to enter text.
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| **Banking Information** |
| Bank Name | Click here to enter text. | Bank Number | Click here to enter text. |
| Branch Name | Click here to enter text. | Branch Number | Click here to enter text. |
| BIC / SWIFT Code | Click here to enter text. | Account Number | Click here to enter text. |
| Bank Country |   | Currency |  Click here to enter text. | IBAN | Click here to enter text. |

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| **Credit terms and limit requested** |
| Credit terms requested Click here to enter text. |
| Credit limit requested Click here to enter text. |

**Certification**

I certify that the information provided herein is complete and correct:

|  |  |  |
| --- | --- | --- |
| **Name and Title** | **Authorized Signature** | **Date** |
| Click here to enter text. |  |   |

ATLANTIC PACIFIC CUSTOMS BROKERS INC.

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