Topcom System Inc.
#101, 3740C – 11A St. NE
Calgary, AB T2E 6M6
Tel: (403) 230-1199
Fax: (403) 230-0040

NEW CUSTOMER FORM

Company Information

Company Registered Name: _____ **Company Trading Name:** _____

Company Address: _____

(Street # & Name) (City/Province) (Postal Code)

Phone No: _____ Fax No: _____ Cell No: _____

E-mail Address: _____ Web page Address: _____

GST Registration No: _____ PST Registration No: _____

Owner/President's Name: _____ Business started: _____

Annual Sales Vol.: _____ # of Employees: _____

Purchaser: _____ A/C Payable Name: _____

Type of Company ( ) Limited Company ( ) Sole Proprietor

( ) Partnership ( ) Other :

Business Type ( ) Store Front Dealer ( ) Distributor

( ) Non-store Front Consultant ( ) OEM/VAR

Other: _____

Personal Information

Owner Name: _____ SIN: _____

Home Address: _____

(Street 3 & Name) (City/Province) (Postal Code)

Home Phone No: ( ) _____Driver's License: _____

Credit Reference (VISA, M/C, AE): _____ Exp. Date: _____

I authorize the Company to charge any dishonored check received from me, and the handling fee, to my Credit Card.

Card Number: _____ **Exp Date:** _____

Cardholder Signature: _____

Bank Reference

Bank: _____ Branch: _____

Bank Address: _____

(Street 3 & Name) (City/Province) (Postal Code)

Phone: (_____) _____ Fax: (_____) _____

Contact Person: _____ Account No: _____