

Company Name _____			
D.B.A _____			
Contact Name _____		Email _____	
Phone _____		Fax _____	
Billing Address _____			
City; Prov./St.; Postal/ZIP Code _____			
Company is	Proprietorship	Partnership	Corporation
D.U.N.S. #	_____	GST # _____	NAICS Code _____
Year Business Established	_____	# of Employees	_____
Annual Sales	_____	Type of business	_____
Name & Address of Parent Company _____			
Cole Sales Representative _____			
Required credit		Terms	Account #
_____	Cole Int'l – Customs	21	_____
_____	Cole Int'l – Freight	30	_____
_____	Abco Freight	30	_____
_____	Cole Int'l USA – Customs	30	_____
_____	Cole Int'l USA – Freight	30	_____
GST Direct: No <input type="radio"/> Yes <input type="radio"/>		Office use only Transmit to CBSA <input type="radio"/> Yes	

Payment Data			
Invoices should be sent to: _____			
AP Contact _____		Email _____	
Phone _____		Fax _____	
Billing requirements _____			

Principals and officers of Company			
Name	Address	Title	Phone

Banking Information			
Bank Name _____			
Address _____			
City; Province/State; Postal/ZIP Code _____			
Bank Contact _____			
Email _____			
Phone _____		Fax _____	
Type of account	Account #	Transit/Routing #	

Payment in full is due as per above stated terms. Cole International Inc. reserves the right to charge interest at a rate of 2% per month on all balances not paid within the above stated terms. All accounts 90 days overdue may be remanded to a collection agency or attorney for further action and you will be responsible for paying any collection costs and legal fees.

I certify that all information on this form is correct and my signature below a) indicates my permission to obtain balance information from the bank listed above and b) attests financial responsibility and willingness to pay invoices in accordance with terms.

Signing Officer _____	Title _____
Phone _____	
Signature _____	Date _____
	MM/DD/YYYY