



**eDist Canada Corp, LLC  
New Account Form**

2001 Huron Church Road, Windsor, Ontario N9C 2L6

**Return Completed Documents to:**

**EMAIL** canfinance@edist.com

**FAX** 866-990-9668

*This is a fill able form, click on the required field to type information.*

Today's Date .....

Exact Name of Company .....

Trade Name (DBA) .....

Dun & Bradstreet # .....

Business Registration Number .....

Mailing Address Line 1 .....

Mailing Address Line 2 .....

City .....

Province .....

Postal Code .....

Ship To Address Line 1 .....

*(if different than above)*

Ship To Address Line 2 .....

City .....

Province .....

Postal Code .....

Daytime Phone Number .....

Fax Number .....

Company Website Address .....

Authorized Purchasing Agent #1 .....

Authorized Purchasing Agent #2 .....

Are PO's Required on your Orders?

YES

NO

Accounts Payable Contact Name .....

Accounts Payable Phone Number .....

Accounts Payable Fax Number .....

Email Address Where Notifications are to be Sent .....

Email Address Where Invoices are to be Sent .....

Year your Company was Established .....

Number of Employees .....

Have you ever Bought from eDist?

YES

NO

If Yes, What is Your Account # .....

Estimated Monthly Purchases from eDist .....

**Are you buying merchandise for resale?**

YES

NO

If Yes, please fill out appropriate tax exempt form.

**What is your principal line of business?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Computers / IT    | <input type="checkbox"/> Security Equipment | <input type="checkbox"/> Audio / Video                        |
| <input type="checkbox"/> Business Machines | <input type="checkbox"/> Software           | <input type="checkbox"/> Hardware Store                       |
| <input type="checkbox"/> Office Products   | <input type="checkbox"/> Internet Reseller  | <input type="checkbox"/> Other ( <i>please specify</i> )..... |

**What is the formation of your company?**

- |                                      |   |                              |
|--------------------------------------|---|------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship                  | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other ( <i>please specify</i> )..... |                              |

**How did you hear about us?**

- |   |                                  |                                  |
|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> Referral                             | <input type="checkbox"/> Catalog | <input type="checkbox"/> Website |
| <input type="checkbox"/> Trade Show                           | <input type="checkbox"/> Flyer   |                                  |
| <input type="checkbox"/> Other ( <i>please specify</i> )..... |                                  |                                  |

**What markets do you serve?**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Medical   | <input type="checkbox"/> Legal                                |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Assistive                            |
| <input type="checkbox"/> Business  | <input type="checkbox"/> Government                           |
| <input type="checkbox"/> Consumer  | <input type="checkbox"/> Other ( <i>please specify</i> )..... |

## Blanket Credit Card Authorization Form

This form serves as a blanket authorization for customer accounts which have been approved to use a credit card as their primary means of payment. The cardholder signature on this form will serve as authorization for eDist Canada Corp, LLC (eDist Canada) to charge the credit card noted below for each authorized purchase order processed and shipped from eDist Canada.

Company Name .....

Name on Credit Card/Cardholder .....

Credit Card Type (*MC or VISA only*) .....

Expiration Date (*MMYY*) .....

CV2# (*security code on card*) .....

CC Billing Street Address 1 .....

CC Billing Street Address 2 .....

City .....

Province .....

Postal Code .....

Country .....

I certify that I am an authorized party for use of this credit card. I agree that the laws of the Province of Ontario shall apply to all issues arising between parties and shall be the exclusive jurisdiction as to all disputes. My account privileges may be canceled or altered by eDist Canada at any time. I agree to eDist Canada terms and conditions of sale as posted on their web site. In the event of a default I will be responsible for payment of the principle balance plus all collection costs incurred in the collection of this debt.

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Cardholder Signature

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Date