

NEW ACCOUNT APPLICATION FORM

Please fill in the form below and return to defence@gravelagency.com or fax to 418.682.3343

Please print on the form

APPLICANT INFORMATION

APPLICATION TYPE: Individual Officer Purchase (for personal purchases only) Departmental Purchase

ORGANISATION TYPE: OTHER:

PUBLIC AGENCY IDENTIFICATION#: EXPIRY: /
(Or Possession and Acquisition Licence for IOP, please include a copy, if applicable)

ORGANISATION NAME:

MAIN CONTACT: POSITION:

PHONE #: E-MAIL:

ACCOUNTS PAYABLE CONTACT:

PHONE #: E-MAIL:

BILLING ADDRESS:

CITY: PROVINCE: POSTAL CODE:

MAIN PHONE #: FAX #:

SHIPPING ADDRESS (if different):

CITY: PROVINCE: POSTAL CODE:

PHONE # (if different from above): FAX # (if different from above):

E-MAIL:

PREFERRED SHIPPING CARRIER: SHIPPING CARRIER ACCOUNT#(if applicable):

CREDIT CARD INFORMATION

For the first year operation with our company, we require a credit card to secure your account.

CHECK BOX: Visa Master Card

CREDIT CARD #:

EXPIRATION DATE (MM/YR): /

SECURITY CODE:

NAME ON CARD EXACTLY AS IT APPEARS:

STAY ON TARGET!

FIND OUT ABOUT NEW PRODUCTS, PROMOTIONS, EVENTS: Yes No

SIGNATURE:

PRINT NAME:

POSITION:

DATE:



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ADDITIONAL CONTACTS

CONTACT 2:

POSITION:

PHONE #:

E-MAIL:

CONTACT 3:

POSITION:

PHONE #:

E-MAIL:

CONTACT 4:

POSITION:

PHONE #:

E-MAIL:

CONTACT 5:

POSITION:

PHONE #:

E-MAIL:

CONTACT 6:

POSITION:

PHONE #:

E-MAIL:

CONTACT 7:

POSITION:

PHONE #:

E-MAIL:

CONTACT 8:

POSITION:

PHONE #:

E-MAIL:

CONTACT 9:

POSITION:

PHONE #:

E-MAIL:

CONTACT 10:

POSITION:

PHONE #:

E-MAIL: