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NEW ACCOUNT APPLICATION

Date Received:	
Sold To:	Ship To: (if different from Sold to)
Address:	Address:
Postal Code/Zip Code:	Postal Code/Zip Code:
Contact Name:	Contact Name:
Telephone:	Fax:
Email:	Website:
GST Exemption # (CDN Customers)	Federal Tax Id # (US Customers)
Type of Business:	
Credit Card No: Visa <input type="checkbox"/> M/C <input type="checkbox"/> Exp.	Would you like to receive a credit application? YES <input type="checkbox"/> NO <input type="checkbox"/>
Special Instructions:	
Do you want all contact information indicated on our website? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please specify which information you want visible on our website	
*Internal Use Only	
Price Group:*	Account Manger:*
Territory:*	