

Customer Account Set-up Form

Welcome to the OCR Canada Ltd Team! We are looking forward to working with you.

OCR Sales Rep: _____

Requested Credit Limit: \$ _____

Billing currency (check one): CAD USD

Company Information

Business Legal Name:	
Address:	
GST #:	PST#: If exempt, please provide PST certificate
Contact:	Title:
Website:	Email:
Business No.	Tel:
D&B Number:	
Please check the following that applies to your building:	<input type="checkbox"/> Owned <input type="checkbox"/> Leased
Years established:	Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership (choose one) <input type="checkbox"/> Sole Proprietor
Number of employees:	State of Incorporation:
Accounts Payable Contact:	Email address:
If subsidiary, name and address of parent company. If you are a parent company, list subsidiaries or sister companies. (Attach and sign any additional paperwork if necessary)	
Invoice Submission email address:	
Gross Annual Income:	

Principles

Name	Title	Years with company

Customer Account Set-up Form

Trade References

Company Name:	Phone:
Contact:	Email:

Company Name:	Phone:
Contact:	Email:

Company Name:	Phone:
Contact:	Email:

Bank References

Financial Institution:	Type of Account:
Address:	Account No.
	Phone:

Financial Institution:	Type of Account:
Address:	Account No.
	Phone:

Information provided by:

Name _____ Title _____
Signature _____ Date _____

Please complete and return by email to ar@ocr.ca