



**NEW ACCOUNT APPLICATION**

**Please fill out a Credit Application in conjunction with this form.**

|                |              |
|----------------|--------------|
| Sold To:       | Ship To:     |
| Address:       | Address:     |
| Postal Code:   | Postal Code: |
| Telephone:     | Telephone:   |
| Fax:           | Fax:         |
| Email Address: |              |
| Contact:       |              |

|                              |
|------------------------------|
| PST # (BC customers):        |
| Federal ID # (US customers): |

C.O.D.

|  |                  |
|--|------------------|
| Credit Card Type: M/C <input type="checkbox"/> VISA <input type="checkbox"/> |                  |
| Credit Card #:   | Expiration Date: |
| Credit Card Holder Name:   |                  |
| Shipping Instructions:   |                  |

|                                   |
|-----------------------------------|
| <b>***For Cloudburst Use Only</b> |
| Sales Representative:             |
| Territory:                        |
| Type of Business:                 |
| Price Group:                      |

**Please fax to 604-552-0650**  
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