



**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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