



KNP Headwear Canada

50 Melham Court, Scarborough, Ontario M1B 2E5
Tel: (416) 298-8516 Fax: (416) 298-4451 Toll Free Fax: 1-888-783-8256

NEW CUSTOMER ACCOUNT INFORMATION

1)Legal Name of business: _____ DUNS#: _____
(if applicable)

New Venture () Proprietorship () Partnership () Incorporated ()

Address: _____

Tel.# _____ Fax.# _____ E-mail: _____

Shipping Address (if different from above): _____

Trade Names: _____ Associated Firms: _____

Business Operated From: Warehouse () Retail Store () Office () Home () Other ()

Nature of Business: Wholesale() Promotional() Screenprinter() Distributor() Embroidery()

Member of PPAC, PPAI, ASI: Yes () No ()

2)Owner's

Name(s): _____
(if partnership, give names of partners; if corporation, show officers' names & titles)

Address: _____

Home Phone: _____ Cellular #: _____ Fax No.: _____

If Sole Proprietorship, please fill in: (a)S.I.N. #: _____ (b)Date of Birth: _____

3)How long in business? _____ No. of employees? _____ P.S.T. No.: _____

Estimated Annual Sales: _____ Estimated Purchases from K P Caps: _____

How did you hear about KP Caps? _____

Have you purchased caps before? Yes () No ()

If yes, from whom? _____

Method of payment: Cash () Credit card () Terms ()

For Credit Card Use Only:

Credit Card #: _____ Expiry Date: _____

Name of Card Issuing Bank:

Card Holder's Name:

Card Holder's Address:

Card Holder's Telephone #:

This is to authorise KNP Headwear to charge my credit card account for purchases for the above company.

Card Holder's Signature: _____ Date:

Please initial the following line if this is a standing authorisation for future orders:

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For Office Use Only

Customer A/C #: _____

Date Received:
