Customer Information

Business Contact Information

Company Name or DBA Name:	Date Business Commenced:
Legal Company Name:	Phone #:
Company Address:	City:
Postal Code:	NFP (Not For Profit) Number:

Type of Business

Sole Proprietorship Partnership Corporation	HST Number:

Owners(s)/Officer(s)

Name:	Title:	Phone #: Mobile #:
Date Of Birth: (mm/dd/yyyy)	Email:	Driver's License:

(Date of Birth and Driver's License not applicable if corporation)

Name:	Title:	Phone #: Mobile #:
Date Of Birth: (mm/dd/yyyy)	Email:	Driver's License:

Billing Information

Accounts Payable Contact

Name:	Phone/ext:	Email:

Billing address if different than Company Address

Billing Address:	City:
Country: Province:	Postal Code:

E Mail to receive E Bill

Email:

Nexicom Inc - 5 King St E, Millbrook, Ontario, L0A 1G0
705-775-6926