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Account Application Form

Legal Business Name:		PST#:
Date Business Established:		EHF No.:
Business Address:		
City:	Province:	Postal Code:
Phone:	Fax:	
Email:		Website:
Name of Owner:		Tel:
Name of Purchaser:		Tel:
Trade References		
Company1:	Contact:	Tel:
Address:		Fax:
Company2:	Contact:	Tel:
Address:		Fax:

The undersigned hereby warrants and represents that the information contained herein is true and correct. Besides the completion of This form, the following information must be submitted for your application to be processed:

1. A copy of PST Certificate.

Signature: _____ Position: _____ Date: _____