



Date:
 Customer No.:
 Salesperson:

Business Name	
Billing Address	
Shipping Address <i>(if different than above)</i>	
Business Phone Number	
Primary Contact & Title	
Primary Contact Email	
Primary Contact Cellphone	
Accounts Payable Contact Name	
Accounts Payable Contact Email	
Accounts Payable Phone Number	
Landlord Name Phone Number Contact Email	
How did you hear about us (please circle one)	Referral, Internet, Trade Show
Referred By	
Preferred Payment <i>(please circle one)</i>	EFT, Interac e-transfer, Cheque or Credit Card
<p><i>If you selected EFT or Interac e-transfer, please forward remittances to: rachel@simcoegases.com Please complete the Credit Card Authorization Form for credit card preferred payment</i></p>	
<p>Please email completed form to rachel@simcoegases.com</p>	

I authorize Simcoe Gases Inc. to conduct the standard credit inquiry.

Name: _____ Title: _____

Authorized Signature: _____ Date: _____