



ACCOUNT NUMBER:

Account Open Date:

___/___/___

Verified By:

Address: 102 - 4460 Jacombs Road, Richmond, B.C. Canada V6V 2C5
 Tel: 604.273.8248 Fax: 604.909.1828

NEW CUSTOMER APPLICATION FORM

This application form must be printed clearly and completed in full. Please return by fax 604.909.1828 or email sales@drbattery.com. Your application will be processed within 3 business days. Thank you and we look forward to working with you.

GENERAL COMPANY INFORMATION

Company Name					
Operating As					
Company website					
Phone#				Fax#	
Address				City	
Prov./State		Country		Postal/Zip Code	
Email				<i>Note:</i> This email address will be used to login drpowerglobal.com online store	
Canadian Customer Only					
Business# (Required)		PST #		Incorporation# (If Applicable)	
USA Customer Only					
Business#		TIN#		Resale Tax#	

SHIPPING ADDRESS (If Different From Above)

Contact Person					
Address				City	
Prov./State		Country		Postal/Zip Code	

AUTHORIZED ACCOUNT REPRESENTATIVES

Primary Representative					
Name				Position	
Email				Phone#	
Alternative Representative					
Name				Position	
Email				Phone#	

I declare all of the above information is correct and true to the best of our organization's knowledge. We understand that Richmond International Technology Corp. (Dr. Power) has the right to accept or reject our application.

_____ / _____ / _____
 Authorization Signature Name (Please Print) Date (DD/MM/YY)