

OvisLink (Canada) Inc.

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CUSTOMER PROFILE

Company Name: _____

Address: _____

Postal Code: _____ Phone No.: _____ Fax No.: _____

P.S.T. Exemption No.: _____ G.S.T. No.: _____

Please indicate other business name (if any): _____

Nature of Business: _____

Date of Business Registration: _____ D & B No.: _____

Corporation: Sole Proprietorship: Partnership:

President/Owner's name: _____

Accounting

Manager/Controller: _____

Phone No.: _____ Fax No.: _____

Email: _____

Bank Information

Bank name: _____ Account No.: _____

Address: _____

Postal Code: _____ Phone No.: _____ Fax No.: _____

Purchasing

Manager/Controller: _____

Contact Person (If different to above): _____ Phone No.: _____

Fax No.: _____ Email: _____

I authorize OVISLINK (CANADA) INC. to obtain such factual & investigative information regarding me from others as permitted by law. To furnish to her consumer credit grantors & credit bureaus particulars of the credit application and subsequent credit experience if application and to retain this application for the records of OVISLINK (CANADA) INC.

Signature: _____ Title: _____ Date: _____