

The Caulking Store New Account Form

Please complete this form to the best of your abilities so that we can ensure that we handle your orders as accurately and efficiently as possible.

Please provide the address details for the headquarters location of your company:

Legal Name:			
GST/Federal Tax ID:			
Street Address:			
City:		Province:	
Postal Code:		Country:	
Phone:		Fax:	

Contact Information:

Contact Type	Name	Phone	Email
Owner:			
Accounting:			
Receiving:			

What is your ship-to address?

Sames as above? Yes No

Alternative Shipping Address

(Please complete if you have an additional shipping address or an alternative address for your headquarters.)

Name at Address Location:			
Street Address:			
City:		Province:	
Postal Code:		Country:	
Phone:		Fax:	



Pro Services

Transportation Contact Information:

Name:			
Phone:		Email:	

Please provide any important delivery instructions:

Delivery Scheduling (Days/Times)

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Material Details (i.e. material codes, standard order quantities, labeling, palletization requirements)

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Specific Trucking/Special Equipment Requirements

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Driver Requirements

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Please provide:

Name:		Sign:	
Email:		Date of Submission:	