

New Account
Account Update

company information							
full legal name			trade/operating name (if different)				
structure incorporated partnership proprietorship		year(s) in business Electronic communication					
billing address		shipping address (if different)					
city state/province zip/postal code		city state/province zip/postal code				e	
telephone fax			telephone fax				
e-mail			shipping contact (name and telephone)				
website	special in	special instructions lift gate needed?					
contact information							
accounts payable contact	telephone		fax	e-m	ail		
purchasing contact	telephone		fax	e-m	ail	$\overline{}$	
orincipal/officer/owner information			fax				
legal name	title		home address				
legal name	title	$\overline{}$	home address				
legal name	title		home address				
pank information							
name			account manager name				
bank address tele			lephone				
redit card information							
Visa MC Amex (US Only) credit card number expiry csv name (as it appears on card)							
credit card billing address same as above billing				а	utomatically charge	this credit card	
rade references							
company name Contact							
telephone		e-mail					
company name	any name contact					~	
telephone			e-mail				
the undersigned certifies the above information to be	e true and correct	fax or e	mail your complete	ed application			
name signature Human Care Canada Inc. 10-155 0					d Ottawa ON K2E7	'K1	
title	Fax 888.612.0225 Email finance.ca@humancaregrou						