



New Customer B2B Application

And Credit card authorization form

Date _____ Notes _____

Owners Names _____ Legal Company Name _____

Client Information

Business Telephone _____ Cell _____ Home Telephone _____

Ship to Address _____ Bill to Address _____

City _____ Province/State _____ ZIP/Postal Code _____

DBA Company Name _____ (leave blank if same as above) BC only PST# _____

Buyers Name _____ Accounts Payable Contact _____

Buyers Tel. _____ A/P Tel. _____

Buyers Email for B2B Access _____ A/P Email _____

Name on Credit Card _____ How did you hear about us? _____

Sign to authorize charges.

Credit Card Number _____ Expiry, C V V _____ Keep CC on file for orders placed. _____

Circle Yes / No



Unit 107, 5219 - 192nd Street
Surrey, BC, V3S 4P6
Canada

Telephone 604.574.5060
Toll Free 800.990.3445
Fax 604.574.7060

sales@tropitek.net
email or fax
accounts@tropitek.net