

ABOUT YOUR BUSINESS									
LEGAL BUSINESS NAME			BUSINESS ADDRESS (REGISTERED OFFICE)			CITY	PROVINCE	POSTAL CODE	
BUSINESS NAME (OPERATING AS)			MAILING ADDRESS (IF DIFFERENT THAN BUSINESS ADDRESS)			CITY	PROVINCE	POSTAL CODE	
TELEPHONE	FAX		BILLING ADDRESS (IF DIFFERENT THAN BUSINESS ADDRESS)			CITY	PROVINCE	POSTAL CODE	
WEBISTE URL	E-MAIL ADDRESS		TYPE OF BUSINESS/SECTOR OF ACTIVITY		TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE ATTACH CERTIFICATE EXEMPT #			
LEGAL STATUS <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> INCORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBSIDIARY									
INVOICES / RECEIPTS									
Invoices/Receipts can be sent to your office, please fill in below to opt-in.									
PO REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	PO FORMAT (ex. ON-1234)		E-MAIL ADDRESS FOR INVOICES:				INVOICE SENDING RECURRENCE <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY		
PERSON TO CONTACT			TELEPHONE	EXT.	FAX	E-MAIL ADDRESS			
KEY PERSONNEL									
FULL NAME	TITLE	E-MAIL ADDRESS			ALLOWED TO PURCHASE? <input type="checkbox"/> YES (ALL) <input type="checkbox"/> YES DELIVERY ONLY <input type="checkbox"/> NO			TELEPHONE	
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FULL NAME	TITLE	E-MAIL ADDRESS			ALLOWED TO PURCHASE? <input type="checkbox"/> YES (ALL) <input type="checkbox"/> YES DELIVERY ONLY <input type="checkbox"/> NO			TELEPHONE	
C.O.D. AGREEMENT									
The parties have requested that this document be drafted in the English language. Les parties ont exigé que cette convention et tout document relié soient rédigés en Anglais. Une copie en français est disponible sur demande.									
Terms and Conditions: The undersigned has read, understands, and accepts all the additional terms and conditions of this agreement set forth by the Terms and Conditions of Sales which are also available at www.morinsupply.ca All taxes are applicable unless the required exemption certificates are supplied in accordance with existing regulations.									
Print Name						Signature			

Please forward the completed C.O.D. Application Form to the attention of:

Accounts Receivable

613-224-9980

613-224-7122 (fax)

ar@morinsupply.ca