

Enroll for discounted account under Federation of Canadian Brazilian Businesses

Company name		Doing business as (if different)	
Address		City, province, postal code	
Telephone		Name of buyer	
Fax			
Accounts payables contact		→ E-mail (statement of account)	
Type of business	# years business	# of employees Total office	

General information

Order # required Yes <input type="checkbox"/> No <input type="checkbox"/>	Ship Back Orders? Yes <input type="checkbox"/>	Offer Substitutes? Yes <input type="checkbox"/>
Have you ever had an account with us? If yes provide old number		Yes <input type="checkbox"/> No <input type="checkbox"/>
Present supplier	Potential annual volume \$	

Bank reference

Financial Institution	Account #
Complete address	

Web

Do you wish to obtain a password to order via our Web site?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
User's first & last name	E-mail address		
Canada's Anti-Spam Legislation:		Yes <input type="checkbox"/> I consent No <input type="checkbox"/> I don't consent	
Do you wish to receive promotional email communications from us?			

CONDITIONS
We authorize Novexco Inc. and/or Equifax to make any credit verification you will deem necessary at the time of opening of the account and at any time you will deem necessary after. We authorize you to exchange credit information with any authorized person.

Authorised signature

Date