

COMPANY INFORMATION

Business name: _____ Date: _____
 Company Legal name: _____ Telephone: _____
 Nature of Business: _____ Fax number: _____
 Website: _____ Email: _____
 Payment preference: on reception 30 days 60 days 90 days Number of employees: _____

Billing address

 Language: French English

Address: _____

 City: _____
 Province: _____ Postal Code: _____

Shipping Address
 Same Language: French English

Address: _____

 City: _____
 Province: _____ Postal Code: _____

CONTACTS

	Contact Name	Email address	Telephone	extension
President				
Vice-president				
IT Department				
Sales				
Accounting				
Purchasing dept.				
General Manager				
Controler				
H.R.				

BILLING

Do you want to receive your invoice by email? If so, please fill in the fields below.

Name: title: email:
 Name: title: email:

INFORMATION ET PROMOTIONAL OFFERS

Do you want to receive our promotional offers by email ? If so, please fill in the fields below.

Corporate Newsletter

Name:

Email:

Promotions - alarm and access

Name:

Email:

Promotions - camera and DVR

Name:

Email:

Discount plan for employees

Name:

Email:

PURCHASING ORDER & PROCEDURES

If you are using a Purchasing Order system (P.O.) - Help us to know your procedures

Purchasing Dept. - Contact

Name:

Email:

Accounting Dept - Contact

Name:

Email:

Description of the steps to follow:

AUTHORIZED PERSONNEL

Who in your company is authorized to place service calls and to give us instructions on your security system (alarm monitoring, access, etc ...)?

Name: Tel.: Email:

Name: Tel.: Email:

Name: Tel.: Email:

Name: Tel.: Email:

Do you really need to print this file? Be green, consult this document on screen!

[Send this form via Email](#)

