



Customer Set Up/Update Form

No.	FRM-ADM-028	Révision	1
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Date of Application:

New Account

Update Existing Account

NEQ Number

GST Number

PST Number

D U N S

Currency

CAD

USD

In business Since

Number of Employees

Main Address

Company Name

Address

City

Province

Postal Code

Country

Phone Number

Fax Number

Website

Billing Address

Company Name

Address

City

Province

Postal Code

Country

Phone Number

Fax Number

Shipping Address

Company Name

Check if the shipping address is the same as the billing address

Address

City

Province

Postal Code

Country

Phone Number

Fax Number

Accounts Payable

Person in charge of A/P

Phone Number

Email Address

Fax Number

Purchasing

Person in charge of purchasing

Phone Number

Email Address

Fax Number

Sending Invoices

Email address to receive invoices

Additional Information

Transport

Your account number with the carrier

Name and phone number of your broker

Without these information, orders will be sent prepaid and charge

Does your company take part in a security program certified by the World Customs Organization, such as C-TPAT or PEP/PIP?

Yes

No

If yes, please fill in the below information:

Security Program's Name

Certification Date

Check your Area of Activity

Food

Bottling

Pharmaceutical

Distribution

Industrial

Integrator

Banking Information

Bank's Name

Account Manager

Address

City

Province

Postal Code

Country

Phone Number

Fax Number

Account Number

Supplier References

Name	Address	City
Province	Postal Code	Country
<i>For Trio Pac Use</i>		

Name	Address	City
Province	Postal Code	Country
<i>For Trio Pac Use</i>		

Name	Address	City
Province	Postal Code	Country
<i>For Trio Pac Use</i>		

Agreement and Signature

We hereby authorize Trio Pac Inc. to proceed with an investigation in order to obtain any information deemed necessary concerning our credit request. Should credit be extended to us, we agree to pay according to the terms granted by Trio Pac from the date of billing. We also understand that unless we provide our transport coordinates, transport charges will be added to the invoice.

Name _____ Title _____

Date _____ Signature _____

If you have any questions, do not hesitate to contact Maria Gagliardi:

compterecevable@triopac.com

514 733-7793 ext: 251

Reserved to Trio Pac Inc. Administration

<i>Genius Account Number</i>	<i>Date</i>
<i>Rate</i>	<i>Credit Limit</i>
<i>Terms of payment</i>	<i>Credit Card</i>
<i>Miscellaneous</i>	<i>Genius Setting</i>
<i>SAGE</i>	<i>Processed by</i>