



880 Cranberry Court, Oakville, Ontario L6L 6J7
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NEW ACCOUNT SET UP FORM

Legal Company Name: _____

Operating Company Name: _____

Business Registration Number: _____

Mailing Address:	Shipping Address (if different from mailing):

T:	F:	W:

Type of Business (select all that apply):

<input type="checkbox"/> Kitchenware/Wine Accessories Retail	<input type="checkbox"/> Giftware Retail
<input type="checkbox"/> Winery	<input type="checkbox"/> U-Vint/Brew on Premise
<input type="checkbox"/> Online Retail	<input type="checkbox"/> Non Profit
<input type="checkbox"/> Promotional Company	<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Other (specify): _____

Owner/Principal Contact:	Buyer/Primary Contact:
T:	T:
F:	F:
E:	E:

Accounts Payable Contact:	Shipping information
T:	Ship via:
F:	<input type="checkbox"/> Carrier of our choice
E:	<input type="checkbox"/> Customer Collect Carrier: _____
	Customer Account Number: _____
	Do you have facility to receive pallets/skids:
	<input type="checkbox"/> Yes <input type="checkbox"/> No/tailgate required

Please specify any additional information you would like us to be aware of (day(s) of store closure OR day(s) receiving is closed):
