



Client #

CLIENT PROFILE

Legal Company Name (as listed on your registration papers)		
Business Address:		Postal Code:
City:	Province/State:	Phone Number:
Country:	Fax Number:	
Website:	Customs Contact Email:	
Structure of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor If Corporation, Corporation Number _____		
Organizational Structure:		
President:	Vice President:	
Controller:	Accounts Payable:	
	Accounts Payable Email:	
Business Number (HST Number):		
<input type="checkbox"/> Non-Resident		
<input type="checkbox"/> Resident	BN:	RM:
Date Business Founded:	Nature of Business:	

Payment Options

<input type="checkbox"/> E-Transfer (Please call for details 604-278-3551)	-- Send to: deposits@summitcb.com
<input type="checkbox"/> Direct Deposit / EFT (Please call for details 604-278-3551)	
<i>Summit Invoicing / Finance can follow-up after Billing Invoice, if you prefer Credit Card (incurs 3% fees)</i>	

This form authorizes Summit International Trade Services Inc. to use your selected method of payment for any charges due.	
<p>Note: Customs duties are subject to a 2.5% disbursement fee when paid on your behalf by Summit International Trade Services Inc. If your annual customs duties exceed \$20,000, please contact a Summit International Trade Services Inc. representative to discuss options available in regards to future disbursement charges.</p> <p>The undersigned hereby authorizes Summit International Trade Services Inc. to conduct an investigation for the purpose of obtaining credit. Such investigation may include checking supplier references and obtaining a credit report. You acknowledge that if this account goes beyond the financial terms outlined with Summit International Trade Services Inc. shipments may be held up or delayed at the border.</p>	
Print Name:	Title:
Signature:	Date: