



New Customer Enrollment Form

			Date:	
Company Name:				
Phone Number:		Fax:		
Contact Person:		Contact Person Phone:		
Office Address:				
Delivery Address: (If Different)				
Billing Address: (If Different)				

EMERGENCY CONTACT INFORMATION

Name:			
Phone Number:		Email:	

ORDER CONFIRMATION & DOCUMENTS (PLEASE PROVIDE FAX NUMBER OR EMAIL ADDRESS)

Send Order Acknowledgement & Quotes Via			
Fax:		Email:	
Send Packing Slips Via			
Fax:		Email:	
Send Invoices Via			
Fax:		Email:	

If you are sales tax exempt, please send us a copy of your resale certificate for each province applicable.
Please also note, if you are not sales tax exempt, but you are working on a tax exempt project, you must send us a copy of the certificate attached to each purchase order pertaining to the job.

Notes:			
How Did You Hear About Us?			

Please complete the form and email or fax to:
sales@hpglazing.com or 905-482-2146

177 Drumlin Circle, Concord, ON L4K 3E7
sales@hpglazing.com | T. 905-482-2144 | F. 905-482-2146
hpglazing.com



Credit Application Form

			Date:	
Company Name:				
Phone Number:		Fax:		
Contact Person:		Contact Person Phone:		
Email:				
Office Address:				
Delivery Address: (If Different)				

PART OF ANOTHER ORGANIZATION

Yes:	No:	If Yes, Provide The Following:
		Company Name:
		Company Address:
		Type Of Relationship (Division, Wholly Owned Subsidiary, etc.):

GENERAL INFORMATION

Year Started (mm/yy):			
Type Of Organization (Check One):	Corporation:	Partnership:	Or Proprietorship:
Primary Business (Glazier, Auto Glass, OEM, etc.):			

Have you ever done business with us under this or any other business name?

Yes:	No:	If Yes, Name:
City:		Province:

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Credit Application Form

Have you or a corporation owned by you ever filed bankruptcy or had any involuntary bankruptcy proceeding, receivership or like proceeding filed against you?

Yes:	No:	If Yes, Year:
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Sales tax information (extremely important): Are you tax exempt?

Yes:	No:	If Yes, Submit a completed Tax Exemption Certificate with this application. Sales tax will be charged unless an appropriate exemption certificate is provided.
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INFORMATION REGARDING THE OWNER(S) OF THE COMPANY:

1.	Full Name:	
	Home Address:	
	Primary contact number:	

2.	Full Name:	
	Home Address:	
	Primary contact number:	



Trade Credit Information

Trade References: ONLY USE MATERIAL SUPPLIERS (do not use charge cards, utility companies, etc.)

1.	Company Name:			
	Address:			
	Phone Number:		Fax:	
	Email:			

2.	Company Name:			
	Address:			
	Phone Number:		Fax:	
	Email:			

3.	Company Name:			
	Address:			
	Phone Number:		Fax:	
	Email:			

4.	Company Name:			
	Address:			
	Phone Number:		Fax:	
	Email:			

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CCAF

CREDIT CARD AUTHORIZATION FORM

Dear customer,

Please note that by providing the following credit card information you are authorizing High Performance Glazing Inc. To charge the amount specified on this form.

First Name:		Last Name:	
Company Name:			
Client Account Code:		Order/Invoice:	
Client Phone:			
Client Email:			
Client Fax:			

I, card holder here by authorize high performance glazing inc. To charge following amount:

CREDIT CARD INFORMATION

\$ Amount:		Mastercard:	Visa:
Card Number:			
Card Expiry Date:		3 Digit Security Code:	

CARD HOLDERS INFORMATION (PLEASE PRINT CLEARLY IF NOT DIGITAL AUTOFORMAT)

Full Name:			
Complete Billing Address:			
Phone Number:		Mobile Number:	

**Note: Credit card payments over \$1,000.00 Are subject to a 2% merchant fee.

Card Holders Signature:		Date:	
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HIGH PERFORMANCE GLAZING INC. INTERNAL USE ONLY

From:		Department:		Date:	
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