



# CG Group of Companies Corporation

## New Customer Application

Company Name : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

City / Province / State: \_\_\_\_\_

Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

Cell # : \_\_\_\_\_

Owner's Name \_\_\_\_\_

E-mail: \_\_\_\_\_

Tax #: \_\_\_\_\_

Custom Broker : \_\_\_\_\_

### Accounts Payables:

Contact : \_\_\_\_\_

Phone # : \_\_\_\_\_

E-mail # : \_\_\_\_\_

Invoicing: By e-mail:  Yes  No    POD required:  Yes  No

Payments made by :  EFT Payment     Cheque     Other \_\_\_\_\_

Payment Terms:  2% - 5 days     1% - 10 days     Net 30 days     Net 45 days



# CG Group of Companies Corporation

## Shipping & Receiving:

Lunch Hour Open:  Yes  No

Hours of Loading: \_\_\_\_\_ to \_\_\_\_\_

Hours of Unloading : \_\_\_\_\_ to \_\_\_\_\_

Shipping e-mail contact: \_\_\_\_\_

Shipping name and phone number: \_\_\_\_\_

Receiving e-mail contact: \_\_\_\_\_

Receiving name and phone number: \_\_\_\_\_

Scale on Site:  Yes  No

Appointment Needed:  Yes  No

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Our payments terms are within 30 days. All overdue invoices are subject to 2% interest and a 30\$ administration charge. By signing this document, you give CG Group of Companies Corp the permission to contact your Trade References to confirm payment terms with your company. Initials: \_\_\_\_\_



# CG Group of Companies Corporation

## TRADE REFERENCES

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

By signing this document, you give CG Group of Companies Corporation the permission to contact your Trade References to confirm payment terms with your company.

Initials: \_\_\_\_\_