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New Customer Application Form

Group: No Yes, Group Name _____ Store # _____
Company Name: _____
Billing address: _____ Fed.ID (US): _____
City: _____ State: _____ Zip/Postal Code: _____ Bus.ID (CAD): _____
Tel 1: (____) _____ Tel 2: (____) _____
Fax: (____) _____ Website: _____ email: _____
Year Incorporated _____ Dunn & Bradstreet # _____
Office Contact: _____ email: _____
A/P Contact: _____ A/P email: _____
Invoice email: _____ Shipping Notification email: _____
Credit Limit Requested: \$ _____

Bank Name & Address: _____

City: _____ State/Province: _____ Tel: (____) _____
Account Number: _____ Bank contact: _____

Trade References

Address

- 1) _____
Tel: (____) _____ Fax: (____) _____ email: _____
- 2) _____
Tel: (____) _____ Fax: (____) _____ email: _____
- 3) _____
Tel: (____) _____ Fax: (____) _____ email: _____

Delivery Location:

Same as billing

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Tel: (____) _____ Fax: (____) _____

Contact: _____ email: _____

Shipping Instructions:

Routing Guide Yes No

Customer carrier for parcel size orders

Shipping Company: _____ Account # _____

Customer carrier for large freight orders

Shipping Company: _____ Account # _____

I agree Regal ideas may obtain, at its discretion, such information as it requires pertaining to the applicant's financial relations and company information about the applicant to any credit reporting agency or to any person with whom the applicant has, or proposes to have, financial relation. Additionally, if a credit account is approved for my use, then I further agree as follows:

- 1) Our standard payment terms are net 30 days from date of invoice, unless agreed otherwise. Credit Card not accepted.
- 2) To pay finance charge equivalent to 2% per month or 24% per annum on any amount not paid in accordance with paragraph 1.
- 3) Regal ideas may cancel this agreement without notice in the event of any breach of any agreement by the applicant.
- 4) I certify that I have read the above and that the information given by the applicant company is correct

 Name of Applicant & Title Signature Date

For Regal Ideas representative		Vendor # _____
Sales representative: _____		
Default W/H:	DT-01 TO-02 CH-30 SE-40 FM-50	
<input type="checkbox"/> Stocking <input type="checkbox"/> Non-stocking	Pre-Paid Shipping: \$ _____	Price Level: _____
Payment Terms: _____	Default Freight Carrier: _____	
Special Instructions: _____ _____ _____		
Amount Approved: _____		
Approved by (Print): _____	Signature: _____	Date: _____