



1-800-214-BIND FAX (519) 627-6922

95 Arnold St., Wallaceburg, ON N8A 3P3

# Customer Account Form

**Please enclose this form with your order**

**Bill To:**

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

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

City: \_\_\_\_\_ Prov/ State \_\_\_\_\_ Postal Code/Zip \_\_\_\_\_

**Contact:**

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

**Ship To:** Same as above  
Use address below

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

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

City: \_\_\_\_\_ Prov/ State \_\_\_\_\_ Postal Code/Zip \_\_\_\_\_

**Billing / Credit Card Payment:**

M/C Visa # Exp:

Name on Card:

*If you prefer to fax this form with the credit card information included: fax to 1-519-627-6922  
If you prefer to call it in: call 1-800-214-2463*