



CUSTOMER ACCOUNT

NEW CUSTOMER: please check this box if do not have an account with us; we thank you in advance for completing the following information.

UPDATE YOUR ACCOUNT INFORMATION: please check this box if you already have an account with us, but would like to update your account information, please provide your account number and fill out any information that needs to be updated.

ACCOUNT NUMBER

If you do not know your account number, please fill out your company name and street address so that we can look up/validate your account.

CUSTOMER INFORMATION

Company Legal Name		Also known as	
Service Location Street Address			Unit #
City		Prov.	Postal Code
E-mail Address		Contact Name	Last Name
Phone		Fax	
Business Type	<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Other _____	Point-of-Sale/ Cash Register Hardware	Currently using <input type="checkbox"/> IBM <input type="checkbox"/> Micros <input type="checkbox"/> RDS <input type="checkbox"/> NCR <input type="checkbox"/> DigiPOS <input type="checkbox"/> PAR <input type="checkbox"/> _____ Model Number _____
Software	Currently using _____	Receipt Printer	Currently using <input type="checkbox"/> IBM <input type="checkbox"/> Epson <input type="checkbox"/> Star <input type="checkbox"/> NCR <input type="checkbox"/> _____ Model Number _____
What type of service are you interested in?		<input type="checkbox"/> Servicing on Existing Equipment <input type="checkbox"/> New Equipment <input type="checkbox"/> Installation <input type="checkbox"/> Data Transfer / Menu Updates <input type="checkbox"/> Network Cabling and Configuration <input type="checkbox"/> Other _____	

If billing address is different than the service location address, please complete the following.

BILLING INFORMATION			
Company Legal Name		Also known as	
Service Location Street Address			Unit #
City		Prov.	Postal Code
E-mail Address		Contact Name	Last Name
Phone		Fax	

Upon completion, please fax this to 416-752-7967.