



## 1000257059 Ontario Inc c/o UCAB

178 Drive In Rd., Sault Ste. Marie, ON P6B 6A9

Phone: (705) 946-1300 Fax: (705)946-0343

Email: ucabssm@gmail.com Website: www.ucabssm.ca

### New Corporate Account Application

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

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

Company Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_

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

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

PO# required? Y/N Customer or Client Signature? Y/N

Special Instructions (no stops, no waits, authorized callers etc.)

\_\_\_\_\_  
\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Payment Method: Cheque Credit Card Direct Deposit/EFT

If paying by DIRECT DEPOSIT, please provide Direct Deposit Enrollment Form.

If paying by Credit Card, please note a 3% fee is added to invoice.

Authorizing Signature: \_\_\_\_\_

Date (MM/DD/YY): \_\_\_\_\_

No show and late cancellations will be subject to \$15 No Show Fee  
Admin fees will be charged based on your account and interest after 30 days of 2%