



Client Registration Form

Company Name

Date

Street address, City, Province, Postal Code

Health Canada License #

Name of Person Authorized to Place Orders

CRA Excise #

Email Address

Telephone number

Required Documentation to Complete Orders

Copy of Valid HC Licence

Signed Purchase Order

Copy of CRA excise licence

Authorized Signatures

Purchasing LP: Signature of Authorized Person to Place Orders	Date
Life Cycle Botanics LTD Approval of Registration: Signature	Date