

CLIENT REGISTRATION FORM

COMPANY NAME:		OTHER BUSINESS NAME:	
ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:
PHONE NUMBER:	FAX NUMBER:	WEBSITE:	
BUSINESS TYPE:	<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP/LLP
TYPE OF BUSINESS (Transportation, Banking, etc.):	APPROX. NUMBER OF EMPLOYEES:	AIR MILES COLLECTOR ACCOUNT NUMBER:	

CONTACT DETAILS

PRIMARY CONTACT NAME:		POSITION WITH COMPANY:	
TELEPHONE #	FAX #	EMAIL:	
SECONDARY CONTACT NAME:		POSITION WITH COMPANY:	
TELEPHONE #	FAX #	EMAIL:	
BILLING CONTACT NAME:		POSITION WITH COMPANY:	
TELEPHONE #	FAX #	EMAIL:	

AUTHORIZATION/ACCEPTANCE

By submitting this application, you certify that the information provided is true and correct to the best of your knowledge. You further certify that this request is compliant with all applicable federal, provincial or statewide privacy laws. By submitting this form you are acting on behalf of the above named company and you agree to indemnify ISB Canada and any/all agents of ISB Canada of any claims, actions or liabilities from the information obtained and provided.

In accordance with Privacy legislation, information provided by ISB Canada and/or it's agents will not be used for any other purpose than for which it has been collected without consent from the individual, and the information will be stored as directed by applicable laws.