



Hi-Tech Electronics Inc.

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NEW ACCOUNT APPLICATION FORM

Company Name:	Owner Name:
Address:	Purchaser Name:
City:	Tel:
Province:	Fax:
Postal Code:	Email:
Account Payable Contact:	Email:
Tel:	
Type of Company:	Type of Business:
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer
<input type="checkbox"/> Corporation <input type="checkbox"/> Others _____	<input type="checkbox"/> Consultant <input type="checkbox"/> Others _____
Incorporated Date:	Business No.:

Signature: _____

Date: _____