



HZPC Americas Corp.

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Business Contact Information			
Company Name:		Title:	Company Contact:
Phone:	Fax:	Email:	
Company Address:			
City:		State/Province:	Zip/Postal Code:
Date Business Commenced:			
<input type="radio"/> Sole Proprietorship	<input type="radio"/> Partnership	<input type="radio"/> Corporation	IRS/EIN#:
Banking Information			
Bank Name:		Contact Person:	
Bank Address:			
City:		State/Province:	Zip/Postal Code:
Type of Account:	<input type="radio"/> Savings	<input type="radio"/> Checking	Other:
Business Trade Reference			
Company Name:		Contact Person:	
Address:			
City:		State/Province:	Zip/Postal Code:
Phone:		Fax:	Email:
Type of Account:			
Company Name:		Contact Person:	
Address:			
City:		State/Province:	Zip/Postal Code:
Phone:		Fax:	Email:
Type of Account:			
Company Name:		Contact Person:	
Address:			
City:		State/Province:	Zip/Postal Code:
Phone:		Fax:	Email:
Type of Account:			
Conditions			
<ol style="list-style-type: none">1. Prepayments and signed Sales agreements are to be received before shipping2. By Submitting this application, you authorize HZPC Americas Corp to make inquiries into the banking and business/trade references that you have supplied.			
Authorized Signatures			
Name:		Name:	
Signature:		Signature:	
Date:		Date:	