

IT'S TIME

To help streamline our communication with you, we need to ensure your information is correct and up-to-date! Please take a few minutes to fill out the form below. Once you have completed the form, please save it and email to info@taco.ca

If you have any questions, we're happy to speak with you. Please call 905.677.3471



Customer Information Request

Date: _____

Legal Registered Name: _____ Years in Business: _____

Company: _____

Operating Name (dba/div): _____

Street Address: _____

City: _____ Prov/State: _____ Country: _____ Postal/Zip: _____

Mailing Address (if different): _____

Website Address: _____

Type of Business: (Provide as much specific detail as possible. Attach company brochure, if available.)

Canadian Business #: _____ Verified: Yes No

GST Registration #: _____ Date: _____

Initials: _____

Banking Information

Bank Name: _____ Address: _____

Transit #: _____ Account #: _____

Contact Name: _____ Tel #: _____ Fax #: _____

May we contact the bank directly? Yes No If YES, please complete the authorization release below:

Authorized Signature: _____ Date: _____

Name (please print): _____ Title: _____

Contact Information

Primary Customs Contact: Mr. Ms. Mrs. Name: _____ Phone: _____

Job Title: _____ Fax: _____ Email: _____

Primary A/P Contact Name: Mr. Ms. Mrs. Name: _____ Phone: _____

Job Title: _____ Fax: _____ Email: _____

Accounting Manager Contact: Mr. Ms. Mrs. Name: _____ Phone: _____

Job Title: _____ Fax: _____ Email: _____

GST/Direct Security Contact: Mr. Ms. Mrs. Name: _____ Phone: _____

Job Title: _____ Fax: _____ Email: _____

Other Client Contact: Mr. Ms. Mrs. Name: _____ Phone: _____

Job Title: _____ Fax: _____ Email: _____