



## New Account Set-Up/Order Form

Please provide the information requested below. Fax it to 1 905-602-9279 or email to [sales@axiomatic.com](mailto:sales@axiomatic.com).

### 1. Company Information

Primary Contact:	
Company:	
Address 1:	
Address 2:	
City/State/Zip:	
Country:	
Email:	
Phone:	
Fax:	
Purchase Order:	

### 2. Billing Information

Name:	
Title:	
Company:	
Address 1:	
Address 2:	
City/State/Zip:	
Country:	
Phone:	
Fax:	
A/P Contact:	
A/P Phone:	
A/P E-mail:	
<b>Email to send invoices*:</b>	
<b>Payment Terms:</b> Choose payment options from the following.	
<input type="checkbox"/> Net 30 Days (Established Accounts Only) <input type="checkbox"/> Credit Card (Advance Payment) <input type="checkbox"/> Bank Transfer (Advance Payment) <input type="checkbox"/> Check (Advance Payment)	

\*Is required for our automated invoicing system

**Axiomatic Technologies Corporation**  
 5915 Wallace Street, Mississauga, Ontario Canada L4Z 1Z8  
 TEL: +1 (905) 602-9270 FAX: +1 (905) 602-9279 E-mail: [sales@axiomatic.com](mailto:sales@axiomatic.com)  
[www.axiomatic.com](http://www.axiomatic.com)



<b>Credit Card</b> – MasterCard, VISA and American Express are accepted.	
Billing Address	
Name:	
Company:	
Address 1:	
Address 2:	
City/State/Zip:	
Country:	
Card Number:	
Name on Card:	
Expiration Date:	
Security Code on Back of Card (3-4 digits):	

### 3. Ship To Address

Attention:	
Company:	
Address 1:	
Address 2:	
City/State/Zip:	
Country:	
Email:	
Phone:	
Fax:	
<b>E-mail to send Package Tracking Information*:</b>	
Date Requested By:	
<b>Check all that apply:</b>	<input type="checkbox"/> RUSH – Urgent Requirement <input type="checkbox"/> Review Possible Substitutions <input type="checkbox"/> Quote
<b>Select shipping method on the next page.</b>	

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