

FOR OFFICE USE ONLY

Date(DD/MM/YYYY)

Initial

New

Amend

Account Number:

Please indicate your Tax Exempt Numbers (if known)
GST
PST

Account Application

SECTION A - INFORMATION

Client Number: (if known)

New Account Password: (New Account Password must be a minimum of 6 characters, maximum 16, using CAPITAL letters and/or numbers, no spaces)		Change Account Password: (To change password, please enter your old Account Password here)	
SECTION B - CLIENT NAM	E		
Person Name			
Last Name -OR- Business Name	First Name	Second Name	Third Name
SECTION C - METHOD OF	DELIVERY (for your A	Account Statement)	
SECTION D - MAILING AD	DRESS (for your Accour	nting Information)	
Attention			
Address			
City		Province/State	
Country (if outside Canada)	Postal/Zip Code	Phone Number (include Area Code) () -	Fax Number (include Area Code) () -

Send to Information Services Corporation at: e-Business, 1301 1st Avenue, Regina, SK S4R 8H2 -OR- Email: e-BSC@isc.ca -OR- Fax: (306) 798-1399