

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)

| <b>New Account Password:</b><br>(New Account Password must be a minimum of 6 characters,<br>maximum 16, using CAPITAL letters and/or numbers, no spaces) |                             | Change Account Password:<br>(To change password, please enter your old Account<br>Password here) |   |
|--|-----------------------------|--|---|
| SECTION B - CLIENT NAM   | E                           |  |   |
| Person Name  |                             |  |   |
| Last Name<br>-OR-<br>Business Name   | First Name                  | Second Name  | Third Name                              |
| SECTION C - METHOD OF  | <b>DELIVERY</b> (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)<br>( ) -  | Fax Number (include Area Code)<br>( ) - |

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