

BRIDGEVIEW CUSTOMS BROKERS **CUSTOMER INFORMATION**

Date: _____

Importer Name: _____

Telephone Number: _____ Fax Number: _____

Address: _____

Type of Business: _____

GST# (N/A if personal shipment) _____

Legal Business Name: _____

Contacts: _____

Email: _____

Accounts Payable Contact: _____

Payment Method: (direct deposit , credit card or certified cheque) _____

Credit Card information (VISA/MASTERCARD/AMERICAN EXPRESS): **Will not
be charged until sales quote has been approved by customer through
Bridgeview associate.**

NUMBER: _____

EXP DATE: _____

NAME ON CARD: _____

OTHER COMMENTS: _____