

ISB USE ONLY		
Approved: ____ / ____ / ____		
By: _____		
Renewal Date: ____ / ____ / ____		
Preferred Transmission of Report:		
FAX	MAIL	EMAIL

HR/IR AFFINITY PROGRAM

CLIENT REGISTRATION FORM

COMPANY NAME		OTHER BUSINESS NAME	
ADDRESS	CITY	PROVINCE	POSTAL CODE
PHONE #	FAX #	WEBSITE	
BUSINESS TYPE:	SOLE PROPRIETORSHIP	CORPORATION	PARTNERSHIP/LLP
BUSINESS ID (ie. Incorporation Number)		PROVINCE/STATE OF ISSUE	
PLEASE SPECIFY INDUSTRY CLASS			

PLEASE ATTACH A COPY OF YOUR BUSINESS REGISTRATION, LICENCE, CORPORATE PROFILE REPORT OR OTHER LICENCE. THIS IS NECESSARY TO PROCESS YOUR APPLICATION.

PLEASE CHECK BOX TO HAVE ISB OBTAIN YOUR CORPORATE PROFILE ON YOUR BEHALF.

CONTACT DETAILS

PRIMARY CONTACT NAME		POSITION WITH COMPANY	
TELEPHONE #	FAX #	EMAIL	
SECONDARY CONTACT NAME		POSITION WITH COMPANY	
TELEPHONE #	FAX #	EMAIL	
BILLING CONTACT NAME		POSITION WITH COMPANY	
TELEPHONE #	FAX #	EMAIL	

AUTHORIZATION/ACCEPTANCE

By submitting this application, I certify that the information provided is true and correct to the best of my knowledge. I further certify that this request is compliant with all applicable federal, provincial or statewide privacy laws. I am authorized to sign on behalf of the above named company and by signing this agreement I agree to indemnify ISB Corporate Services and any/all agents of ISB Corporate Services of any claims, actions or liabilities from the information obtained and provided.

In accordance with Privacy legislation, information provided by ISB Corporate Services and/or it's agents will not be used for any other purpose than for which it has been collected without consent from the individual, and the information will be stored as directed by applicable laws.

Signature
Title
Print Name
Date