



Customer Account Setup Form



	Company Name: GBH Depot Inc.	Controlled Document No: 03B18O08G015	Rev. No: 2.0	Paging Information: Page 2 of 4
	Document Title: Customer Account Setup Form			Latest Revision Date: Apr. 3, 2020

INSTRUCTIONS

- **GENERAL COMPANY INFORMATION**
Provide company details. Please respond to all fields with the correct information. Use NA for fields that do not apply
- **RECEPTION OF GOODS DISTRIBUTION LIST**
Provide the list of recipients that will be notified once the goods have been received into GBH Depot.
- **SHIPMENT OF GOODS DISTRIBUTION LIST**
Provide the list of recipients that will be notified once the goods have been shipped out from GBH Depot.
- **SAMPLE SHIPMENT DISTRIBUTION LIST**
Provide the list of recipients that will be notified once the goods have been sampled and shipped from GBH Depot to the requested recipient.
- **WEEKLY INVENTORY REPORT DISTRIBUTION LISTS**
Provide the list of recipients that will receive the weekly inventory of goods transacted and instore at GBH Depot.
- **MONTHLY INVENTORY REPORT DISTRIBUTION LISTS**
Provide the list of recipients that will receive the monthly inventory of goods transacted and instore at GBH Depot.
- **OWNERSHIP TRANSFER CONFIRMATION DISTRIBUTION LIST**
Provide a list of recipients that will be notified once the ownership transfer has been completed for goods instore at GBH Depot.
- **INVOICE DISTRIBUTION LISTS**
Provide a list of recipients that will receive a copy of the monthly invoice from goods transacted and instore at GBH Depot.
- **EMMERGENCY CONTACT LIST IN ORDER OF IMPORTANCE**
Provide list of people that will be contacted if a situation occurs that is outside the normal course of business and requires immediate action to mitigate cost and/or potential loss. The contact order will be the same order as provided in the list. If the first contact does not respond the second contact will be notified.
- **COMPLETED FORMS**
Completed forms must be emailed to inbound@gbhdepot.com.

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GENERAL COMPANY INFORMATION

Company Information		Company Tax Information	
Name		VAT Registration #:	
DBA		Foreign Tax ID:	
Street 1		GST/HST #:	
Street 2		Provincial Tax ID:	
PO Box		Primary Contact Details	
City		Name	
Prov / State		Title	
Country		email	
Primary Accounting Contact Details		Secondary Accounting Contact Details	
Name		Name	
Title		Title	
email		email	

RECEPTION OF GOODS DISTRIBUTION LIST


Name	Office	Cell	Email

SHIPMENT OF GOODS DISTRIBUTION LIST

Name	Office	Cell	Email

SAMPLE SHIPMENT DISTRIBUTION LIST

Name	Office	Cell	Email

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WEEKLY INVENTORY REPORT DISTRIBUTION LISTS			
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Name	Office	Cell	Email

MONTHLY INVENTORY REPORT DISTRIBUTION LISTS			
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Name	Office	Cell	Email

OWNERSHIP TRANSFER CONFIRMATION DISTRIBUTION LIST			
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Name	Office	Cell	Email

INVOICE DISTRIBUTION LISTS			
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Name	Office	Cell	Email

EMMERGENCY CONTACT LIST IN ORDER OF IMPORTANCE			
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Name	Office	Cell	Email