



New Customer Enquiry Form

Please complete the form below and submit to:

BC Location: sales@idci.ca Alberta Location: customerservice@idci.ca

Company Name:	
Contact Name:	
Address and Postal Code:	
Telephone Number:	
Email Address:	
Account Type: Pharmacy/Non-Pharmacy	
Estimated Monthly Purchases:	

Please complete below if existing Pharmacy:

Is the pharmacy a banner member? Please provide banner name:	
Do you have a vendor agreement with another distributor? If yes, please provide:	

Please complete if new Pharmacy:

Pharmacy Name (if different from Company Name):	
Opening Date of Pharmacy:	
Do you have a vendor agreement with another distributor? If yes, please provide:	