



ecore Account Set Up Form

1. COMPANY DETAILS

Firm Name _____

Office Address (including postal code) _____

Phone:	Fax:	Email	Anticipated Training Date
_____	_____	_____	_____

Other Office Locations, if any. Please provide full address(es), phone number(s) and fax number(s) if applicable.

2. USERS

Provide the name(s), email address(es) of all the users at the firm that will require access to the program. Please attach additional pages if necessary.

Full Name: _____ Email: _____ Require a login

Full Name: _____ Email: _____

Full Name: _____ Email: _____

3. ACCOUNT SUPERVISOR

Please provide the name and email address for individual who will be the administrator for the Account. The Admin can add or remove users as required.

Full Name: _____ Email: _____

4. PAYMENT OPTIONS

Please select the desired payment option. A \$500 deposit is required to open an account. All deposited funds are used towards transactions, with no minimum top up requirements.

Online banking
Recommended.

Direct Deposit
Please provide form from your
accounts payable department.

Credit Card
Service charge applies.

Cheque
Made payable to ecore.
Mail to 4610-199 Bay Street
Toronto, ON, M5L 1E9

5. BILLING INFORMATION

Please provide the name and email of the individual who will be in charge of the accounting.

Full Name: _____ Email: _____

Note: The submit function is not browser compatible. For best performance, please fill out this form in Adobe Acrobat. If completed in a browser, email the completed form to sales@dyedurham.com.

