

# APPLICATION FOR A BUSINESS ACCOUNT

**\*\* PLEASE SAVE THIS FORM TO YOUR DESKTOP PRIOR  
TO FILLING OUT THE INFORMATION IN THE FORM \*\***

Registered Company Name	
Operating Name If Applicable	
Year Established	
Phone Number	
Fax Number	
<b>CONTACT INFORMATION</b>	
Main Contact Name	
Main Contact Job Title	
Main Contact Direct Phone	
Main Contact Direct Fax	
Main Contact Email	
Purchasing Contact Name	
Purchasing Contact Job Title	
Purchasing Contact Direct Phone	
Purchasing Contact Direct Fax	
Purchasing Contact Email	
Accounting Contact Name	
Accounting Contact Job Title	
Accounting Contact Direct Phone	
Accounting Contact Direct Fax	
Accounting Contact Email	

**ADDRESS INFORMATION**

**BILLING**

Mailing Address

City

Province

Postal Code

**SHIPPING**

Shipping Address

City

Province

Postal Code

P.O. Number Required Y/N

Special Shipping Instructions

**ACCOUNT TYPE**

Name of Bank

Telephone

Bank Address

Contact Name

Amount of Credit Requested

Account for Resale Y/N

## TRADE REFERENCES

**REFERENCE #1**

Telephone

Fax Number

Email

**REFERENCE #2**

Telephone

Fax Number

Email

**REFERENCE #3**

Telephone

Fax Number

Email

**We will accept original invoices and statements...**



By Email at

By Mail

In consideration of the agreement to extend credit in accordance with this application,  
 (1) the authorized undersigned agrees to pay interest at a rate of 1.5% per month (18% per annum) on overdue accounts.  
 (2) In the event of default, customer agrees to pay attorney and or collection agency fees.

Signature

Name in Print

Title

Please Return By Email

[accounting@toolandcutter.com](mailto:accounting@toolandcutter.com)

Or By Fax To

519-681-9226

**PLEASE REMIT TO: Tool & Cutter Supply Co. - 430 Newbold Steet, London, Ontario, N6E 1K1**

**Information Below For Tool & Cutter Supply Co. Office Use Only**

Acc#:	Date Opened:
Branch:	Opened By:
Representative #:	Rating: