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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				
CONTACT INFORMATION				
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	d statements	VISA	MasterCard	Interaci	
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		<u>com</u>			
Or By Fax To	519-681-9226				
PLEASE REMIT TO: Tool & Cutter Supply Co 430 Newbold Steet, London, Ontario, N6E 1K1 - Phone 519-681- 5600					
	or Tool & Cutter Supply Co. Office Use Only				
Acc#:	Date Opened:				
Branch:	Opened By:				
Representive #:	Rating:				