



**APPLICATION FOR CREDIT ACCOUNT**

Acct # \_\_\_\_\_

Customer Name: \_\_\_\_\_

Billing Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PC \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_

Email : \_\_\_\_\_ Attn: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ A/Payable: \_\_\_\_\_

\*\*\*\*\*IF PST EXEMPT FORM MUST BE SUPPLIED\*\*\*\*\*

References	Phone & Fax #s
_____	_____
_____	_____
_____	_____

**Note: Application will not be processed if FAX numbers are not provided**

**Note: PST will be charged if the appropriate form is not provided**



1220 Dundas St. E. Toronto Ont. Canada M4M 1S3  
Tel: 416-462-1919 / 1-800-268-6741 Fax: 416-462-1922 / 1-800-903-3303  
sales@hardwareagencies.com www.hardwareagencies.com

