

## **NEW CUSTOMER CREDIT APPLICATION**

Are you an existing WESCO customer? Y N If yes, please complete section A & D. Otherwise, complete the full form.

SECTION A									
BUSINESS CONTACT INFORMATION									
Company Name:									
Phone:	Website:								
Company Email:									
Company Address:									
City:	Postal Code:								
Shipping / Site Address: (if different from billing/multiple shipping addresses, please attach list)									
City:	Province:		Postal Code:						
Phone:									
Number of Years in Business:	P.S.T. Exemption No.: (Please attach form)								
Sole Proprietorship: Corporation: Other:									
Email Invoices: Y N	Email:								
A/P Contact:		Manager:							
Email:		Email:							
Phone:	Phone:								
Purchaser:	Site Supervisor:								
Email:	Email:								
Phone:	Phone:								
SECTION B									
BUSINESS AND CREDIT INFORMA	ATION								
Line of Credit Requested: \$	EFT Payments: Y N								
Estimated Yearly Volume: \$	COD Account Only: Y N								
Purchase Orders Required: Y									
Current Provider of Safety Products:									
Bank Name:									
Bank Address:		Phone:							
City:	Province:		Postal Code:						
Contact:									
Branch:	Account No.:								

SECTION C										
BUSINESS/T	RADE REFER	RENCES								
1. Company Name:			Con	Contact Name:						
Phone:			Email:							
2. Company Nai	me:				Con	tact Name:				
Phone:			Email:							
3. Company Nai	me:		Contact Name:							
Phone:			Email:		<u>I</u>					
SECTION D										
AGREEMENT										
						s will be charged interest at ary to assist Hazmasters Inc.				
obtain information from with this application info Unless there are differen agrees that quotes and p	or report to any credit rmation being turned ov at or additional terms ar purchase order acknowle	reporting agency in ver to third party co and conditions contain edgments will be go	relation to the ollection or liting ned in a mast overned by Ha	is agreement. The gation. All equipoler agreement the izmasters' terms	ne applicant/u ment remains at modify Haz and condition	dersigned consents and authoridersigned further acknowled the property of Hazmasters amasters', a division of WESC savailable at to time, which are incorporal	dges and Inc. und O Distri	d consents to any ou til paid for in full. bution Canada LP, st	atstanding balances along	
entities, including adv my organization or the	my organization, I coertisements, promoti	onsent for those ons, announceme	within my ore	es, newsletters	, product inf	onic communications fron ormation and other electi relationship with Hazmas	ronic c	ommunic ations the	at may be of interest to	
consent at any time.	t our remittan	ce address is	s:							
Please note that our remittance address is:  Hazmasters Inc. 651 Harwood Avenue North, Unit 4 Ajax, ON L1Z 0K4 Canada			Phone: (905) 231-0011 Fax: (905) 427-3028  Accepted payment methods: EFT, cheque or money order							
			AUTI	HORIZED	SIGNAT	URE				
Name: (please print)				Title:						
Phone:				Email:						
Signature:			Date:							
SECTION E										
			FOR	INTERN	AL USE	ONLY				
Order Status: Pending: Y N			Rush Order: Y N Approx. \$ Amount:							
O/S REP: (Name) ID#			I/S REP: (Name)							
<b>Business Class</b>				T	LL Code	e (check one): 1	2	3 4 5	6 7	
CA (Abatement)	CC (Construction	<del>`                                    </del>		CS (Spill)		CE (Electrical)	-	(Roofing)	SC (Sfty Consult.)	
GV (Gov't)	ES (Emg. Service) IN (		N (In/Mfg/Whs) HC (Healt		n/Hosp) RT (Road/Traffic)		OG (Oil & Gas) RG (Regulatory)			

Signature:

 $\mathsf{SB}$  (Sub-Distrib.)

PH (Pharm.)

 $\mathsf{OT}$  (Other)

MI (Mining)

Date:

BI (Bldg Inspect)

Name:

 $\mathsf{TR}$  (Transport)

Reviewed by (Regional Manager, Branch Manager, Branch Sales Manager or Branch Operations Manager):