



CREATING SAFER WORK ENVIRONMENTS

A SUBSIDIARY OF WESCO DISTRIBUTION CANADA

NEW CUSTOMER CREDIT APPLICATION

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

SECTION A			
BUSINESS CONTACT INFORMATION			
Company Name:			
Phone:		Website:	
Company Email:			
Company Address:			
City:		Province:	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.: <small>BC: Certificate of Exemption General (FIN 490)</small> (Please attach form)	
Sole Proprietorship:		Partnership:	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 INFORMATION			
Line of Credit Requested: \$		EFT Payments: Y N	
Estimated Yearly Volume: \$		COD Account Only: Y N	
Purchase Orders Required: Y N			
Current Provider of Safety Products:			
Bank Name:			
Bank Address:		Phone:	
City:		Province:	Postal Code:
Contact:			
Branch:		Account No.:	

Please send completed credit application to connect@hazmasters.com
or directly to your local branch.

SECTION C			
BUSINESS/TRADE REFERENCES			
1. Company Name:		Contact Name:	
Phone:	Email:		
2. Company Name:		Contact Name:	
Phone:	Email:		
3. Company Name:		Contact Name:	
Phone:	Email:		
SECTION D			
AGREEMENT			
<p>I understand that any credit granted is based on Net 30 day terms, unless otherwise stated. Overdue accounts will be charged interest at 2% per month or 24% per annum. I hereby authorize and consent to the bank and references listed in this credit application to release information necessary to assist Hazmasters Inc. in establishing a line of credit.</p> <p>The applicant/undersigned certifies that all information contained herein is true and accurate. The applicant/undersigned consents and authorizes Hazmasters Inc., or their acting agents, to obtain information from or report to any credit reporting agency in relation to this agreement. The applicant/undersigned further acknowledges and consents to any outstanding balances along with this application information being turned over to third party collection or litigation. All equipment remains the property of Hazmasters Inc. until paid for in full.</p> <p>Unless there are different or additional terms and conditions contained in a master agreement that modify Hazmasters', a division of WESCO Distribution Canada LP, standard terms, buyer agrees that quotes and purchase order acknowledgments will be governed by Hazmasters' terms and conditions available at www.wesco.com/CANADA_TERMS_AND_CONDITIONS_OF_SALE.PDF. As such terms may be updated from time to time, which are incorporated herein by reference and made part hereof.</p>			
E-MAIL COMMUNICATIONS CONSENT			
<p>As a senior officer for my organization, I consent for those within my organization to receive electronic communications from Hazmasters Inc. and its related and affiliated entities, including advertisements, promotions, announcements, messages, newsletters, product information and other electronic communications that may be of interest to my organization or that may otherwise relate to my organization's existing or potential commercial relationship with Hazmasters. I understand that I can withdraw my consent at any time.</p>			
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	
AUTHORIZED SIGNATURE			
Name: (please print)		Title:	
Phone:		Email:	
Signature:		Date:	

SECTION E						
FOR INTERNAL USE ONLY						
Order Status:		Pending: Y N		Rush Order: Y N		Approx. \$ Amount:
O/S REP: (Name)			ID#	I/S REP: (Name)		
Business Class (choose one below):						
CA (Abatement)	CC (Construction)	CR (Restoration)	CS (Spill)	CE (Electrical)	RC (Roofing)	SC (Sfty Consult.)
GV (Gov't)	ES (Emg. Service)	IN (In/Mfg/Whs)	HC (Health/Hosp)	RT (Road/Traffic)	OG (Oil & Gas)	RG (Regulatory)
MI (Mining)	BI (Bldg Inspect)	TR (Transport)	SB (Sub-Distrib.)	PH (Pharm.)	OT (Other)	
Reviewed by (Regional Manager, Branch Manager, Branch Sales Manager or Branch Operations Manager):						
Date:		Name:		Signature:		

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