



**Boone Plbg & Htg Supply Inc.**  
 1282 Algoma Rd., Ottawa, Ont. K1B 3W8  
 Tel: (613) 746-7070 Fax: (613) 746-4397  
 Watts: 1-800-267-1861

**BRANCHES – SUCCURSALES:**  
 1806 Woodward Ave., Ottawa, Ont. K2C 0P7  
 Tel: (613) 727-2666 Fax: (613) 727-2669

**Des Rosiers**  
 130, rue Jean Proulx, Hull, Que. J8Z 1V3  
 Tel: (819) 770-7110 Fax: (819) 770-7411

20 Edgewater St., Kanata, Ont. K2L 1V8  
 Tel: (613) 831-6800 Fax: (613) 831-8797

**Mondeau**  
 901, boul. st-Joseph, Hull, Que. J8Z 1S8  
 Tel: (819) 776-3153 Fax: (819) 770-1088

## CASH ACCOUNT APPLICATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Cellular: \_\_\_\_\_ Email: \_\_\_\_\_

Please subscribe me to the monthly E-Shop Talk newsletter

PST Exempt #: \_\_\_\_\_ Driver's Licence #: \_\_\_\_\_

Visa #: \_\_\_\_\_ Exp.: \_\_\_\_\_

OR

MasterCard #: \_\_\_\_\_ Exp.: \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_

**(Required)**

**\*\*Please attach business card**

# Of Employees: \_\_\_\_\_ Annual Sales (12 months): \_\_\_\_\_

In the event that the cheque is returned to us for insufficient funds, the applicant hereby authorizes the supplier to debit the amount of cheque from the credit card(s) of the applicant listed, or any replacement there of.

**Note: Special orders will require a deposit before ordering**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_