



NATIONAL HARDWARE  
SALES LTD

## NEW ACCOUNT APPLICATION

500 ALDEN ROAD, UNIT 5  
MARKHAM, ONTARIO, L3R 5H5  
Tel:905-513-3994 Fax: 905-513-3995

### GENERAL INFORMATION

Company Name: \_\_\_\_\_ D.B.A Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Organization form: \_\_\_\_\_ Corporation \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership, Other:

GST # : \_\_\_\_\_ PST Exemption #: \_\_\_\_\_

Length of time in Business: \_\_\_\_\_ Expected Monthly sales volume with NHS: \_\_\_\_\_

### COMPANY PRINCIPAL

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

### PRIMARY CONTACT FOR PAYMENT

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

### BANKING INFORMATION

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### TRADE REFERENCES

1. Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Account #: \_\_\_\_\_ Payment Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Account #: \_\_\_\_\_ Payment Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Account #: \_\_\_\_\_ Payment Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_