



European Hand Tools



PO Box 20005, RPO Westwood, Winnipeg, MB R3K 2E5

Ph: 1-204-889-8211

Fax: 1-204-889-6900

Toll Free: 1-888-222-8331

Account Application

Company Details (Please Print):

Name: _____

Billing Address: _____

City: _____ Prov. _____ Postal Code: _____

Tel: _____ Fax: _____ E-mail: _____

Shipping Address: _____

City: _____ Prov. _____ Postal Code: _____

Tel: _____ Fax: _____ E-mail: _____

Business Info':

Sole Proprietor

Partnership

Corporation

Owner Name(s): _____

In business since: _____

Buyer: _____

Ph: _____ Fax: _____ E-mail: _____

Accounts Payable Contact: _____

Ph: _____ Fax: _____ E-mail: _____

Credit References:

Bank: _____ Branch: _____

Address: _____

City: _____ Prov. _____ Postal Code: _____

Acc't#: _____ Ph. _____ Fax: _____

Business Trade Reference #1: _____

Address: _____

City: _____ Prov. _____ Postal Code: _____

Contact: _____ Ph. _____ Fax: _____

Business Trade Reference #2: _____

Address: _____

City: _____ Prov. _____ Postal Code: _____

Contact: _____ Ph. _____ Fax: _____

Account Agreement:

- Payment terms: Net 30 days from date of invoice.
- Late payment service charge of 2% per month.
- By submitting this application, authorization is given to European Hand Tools to make inquiries to the banking, business and trade references provided.

Signature: _____ Position: _____ Date: _____