

www.hydesdistribution.com
p: 905-358-3674
f: 905-358-9419



Hydes Distribution
6868 Kinsmen Court
Niagara Falls, ON, CAN
L2E6S5

Company Info

* denotes a required field, application will not be processed without this info

*Operating Name:			
*Legal Name:			
*Address			
*City:		*Postal Code:	
*Phone:		Fax:	
*Contact Name:		*Email:	
*Tax/Business#:			
Vendors Permit#			
Wholesale Permit#			
Require Terms:	YES / NO	Credit Card Only:	YES / NO
Requested Limit:	\$		

Note: Credit is not guaranteed and is based on credit history. If credit card only, please request Credit Card auth form.

Credit Information

* If terms are requested the below sections for bank and references are required

Bank Name		Bank Branch	
Bank Account #		Branch Phone #	
Bank Address		Branch Fax #	
Bank City		Branch Contact Name	
Bank Province		Contacts Email	
Bank Postal Code			

Reference 1

Business Name:			
Address			
City:		Postal Code:	
Phone:		Fax:	
Contact Name:		Email:	

www.hydesdistribution.com
p: 905-358-3674
f: 905-358-9419



Hydes Distribution
6868 Kinsmen Court
Niagara Falls, ON, CAN
L2E6S5

Reference 2

Business Name:			
Address			
City:		Postal Code:	
Phone:		Fax:	
Contact Name:		Email:	

Please note that by signing this document you are providing your permission for Hydes Distribution to run a Equifax or TransUnion credit check as well as contact you over the phone or through email with regards to your account, special promotions, and new and existing products. You also acknowledge that you are personally responsible for this debt.

Name (please print)

Date: _____

x _____
Signature

Email: _____