

DATE

NAME

TITLE

**SIGNATURE** 

## **CANTEX DISTRIBUTION INC.**

Phone: (905) 374-3121 Fax: (905) 374-8231

Email: <a href="mailto:sales@cantexdistribution.com">sales@cantexdistribution.com</a>
Web: <a href="mailto:www.CantexDistribution.com">www.CantexDistribution.com</a>

## **NEW ACCOUNT FORM**

PLEASE SUBMIT THE COMPLETED FORM BY EMAIL (sales@cantexdistribution.com) OR FAX (905) 374-8231

BUSINESS INFORMATION	
BUSINESS NAME	TYPE OF BUSINESS
CONTACT NAME	
CONTACT TITLE	PRODUCTS INTERESTED IN
CONTACT EMAIL	
CONATCT TELEPHONE	
ADDRESS INFORMATION	
BILLING ADDRESS	SHIPPING ADDRESS (if different from billing)
The Undersigned Applicant:	
	ct and purchase information will be kept on file for ease of use when processing
<ul> <li>subsequent orders for the unders</li> <li>understands that Cantex Distribution</li> <li>may be relevant to the type of but</li> </ul>	ution may contact the applicant for solicitation purposes regarding products that
	ution will never sell or release information to any third-party organizations for any
<ul> <li>all company/contact information</li> </ul>	n is kept confidential.