



Office Use Only	
Rep #	_____
P/L #	_____
Branch Mgr.	_____
Date	_____
Class	_____

REQUEST FOR BUSINESS CASH ACCOUNT

NAME OF COMPANY _____

ADDRESS: _____

POSTAL CODE: _____

CELL: _____ PHONE: _____

CONTACT NAME: _____

EMAIL ADDRESS: _____

I WOULD LIKE TO KEEP A CREDIT CARD TOKEN ON FILE: Yes No

Name of Credit Card Holder _____

****To create a token please either come to the Credit Department or call (204) 258-2025 with your credit card information ****

Please list name(s) of authorized purchasers:

First Name	Last Name
_____	_____
_____	_____
_____	_____
_____	_____

****I AGREE THAT THE PEOPLE LISTED ABOVE ARE AUTHORIZED TO MAKE PURCHASES ON MY ACCOUNT USING THE CREDIT CARD ON FILE. I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY STAR BUILDING MATERIALS OF ANY CHANGES TO THIS LIST. ***

Authorized Signature

Print Name

Date

(Forward completed form to STORE MANAGER)