



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

## REQUEST FOR PERSONAL CASH ACCOUNT

NAME: \_\_\_\_\_

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)