

24-4080 North Service Road E.
Windsor, ON N8W 5X2
Phone: (519) 251-1771 Fax: (519) 251-0770
www.triumphtool.com

NEW ACCOUNT FORM

Company Name: _____
 Billing Address: _____

 Shipping Address: _____

 Phone Number: _____
 Fax Number: _____
 Purchasing Dept. Contact Name: _____
 Accounts Payable Contact Name: _____
 Phone Number & ext. _____
 Email Address: _____
 Company's Bank: _____
 Branch Address & Phone No.: _____

I would like to receive more information on the following products:

- Cutting Tools*
- Work Holding*
- Tool Holding*
- Tool Mgmt. Systems*
- Metalworking Fluids*
- Abrasives*
- Other: _____*

H.S.T. Registration Number: _____
 How would you like to receive your invoices: FAX EMAIL
 Would you like to receive monthly statements: YES NO
 How did you hear about Triumph Tool? _____

Office Use Only
 New Acct #: _____
 Sales Area: _____
 Disc. Code: _____
 Date: _____
 Approval _____
 Sandvik Rep _____

I would like a technical sales representative to contact me: YES NO



TRADE REFERENCES

Note: Please include complete address and FAX numbers for all 4 references.

<p>1) _____ _____ _____ Phone: _____ Fax: _____</p>	<p>2) _____ _____ _____ Phone: _____ Fax: _____</p>
<p>3) _____ _____ _____ Phone: _____ Fax: _____</p>	<p>4) _____ _____ _____ Phone: _____ Fax: _____</p>