



REQUEST FORM

Customer #:	
Company Name:	
Address:	

e-invoice

I would like to receive electronic invoices YES NO

(Please circle your selection. If yes, please provide AP information requested below.)

Accounts Payable	
Contact:	
Email:	
Phone:	
Fax:	

e-payment

I would like to pay with an Electronic Fund Transfer (EFT) YES NO

(Please circle your selection. If yes, please provide applicable banking details below to your bank.)

	Bank: TD Canada Trust 004 Transit ID: 10202 Account: 0690 5253938
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NOTE: Remember to email or fax HD Supply Credit Services after **every** EFT payment so we can quickly reconcile your account (email: hdsc.credit@hdsupply.com, fax: 1.800.620.2681).

Authorization

Signature:	
Name / Title:	
Date:	

Submit completed Request Form to HD Supply Credit Services:
hdsc.credit@hdsupply.com or Fax 1.800.620.2681
Questions? Call 1.888.558.6111