



McMaster Account Set-up / Revision Form

Account Holder Details

New Account Set-up

Account Revision / Update

(List existing account Number)

Account Holder Name :

Delivery Address:

Build:

Rm:

City and Province:

Postal Code:

Telephone:

Fax #

Customer Email Address:

Existing Grand & Toy account #

(Only list chartfield account number for existing accounts)

Billing Details

Department of Medicine applicants please do not fill out the billing portion of this form, please forward this form directly to your site HR Manager.

All purchases must be charged to this credit card: YES NO

If no, you will be asked for a payment method each time you place an order.

Credit Card Type: American Express Visa MasterCard

Card Holder Name:

Credit Card Number:

Expiry Date:

I / We understand that any purchases declined by the credit card company will be charged back to the above OfficeMax Grand & Toy account.

Accepted on :

Signature of credit card holder:

Please completed forms to: mcmastersupport@grandandtoy.com