



Bardon Supplies Limited

WebOE Enrollment Form

Customer Name: _____

Address: _____

Contact: _____

Account #: _____

USER ID	USER FULL NAME	PASSWORD (8 characters)	EMAIL ADDRESS	PHONE/FAX	VIEW A/R
				PHONE	
				FAX	
				PHONE	
				FAX	
				PHONE	
				FAX	
				PHONE	
				FAX	

Disclaimer:

A password will allow the user to view your company-sensitive information. Bardon Supplies Limited must receive notice in writing if a user's status changes.

Please fax to 613-966-2026, attention Cheryl or email to onlineorder@bardonsupplies.com

Signature _____

Date _____