

## Reseller/Dealer Application Form

|  |   |                  |
|--|---|------------------|
| Company Legal Name:  |   |                  |
| Contact Name: Owner  | Contact Name: General Manager/Sales Manager |                  |
| Contact Name: Purchasing   | Contact Name: Accounting                    |                  |
| HeadQuarters Address:  |   |                  |
| City:  | Province:                                   | Postal Code:     |
| Telephone:   | Fax:  | E-mail:          |
| Shipping Address:  |   |                  |
| City:  | Province:                                   | Postal Code:     |
| Telephone:   | Fax:  | E-mail:          |
| Type of Business <input type="checkbox"/> Distributor <input type="checkbox"/> Dealer <input type="checkbox"/> Other: Please specify |   |                  |
| Form of Business: <input type="checkbox"/> Sole Proprietor - Name of Sole Proprietor   |   |                  |
| <input type="checkbox"/> Partnership - Name of Partners  |   |                  |
| <input type="checkbox"/> Corporation- Date of Incorporation  |   | Month/Day/Year   |
| Years in Business:   | Number of Employees:                        |                  |
| Annual Sales: \$   | Premises Area: Sq.Ft.                       |                  |
| Premises is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased                          |   |                  |
| Affiliated Companies:  |   |                  |
| Parent Company:  |   | Shareholding:    |
| Major Supplier(s):   |   |                  |
| Major Product Line(s):   |   |                  |
| Brand Name(s) / Trade Name(s):   |   |                  |
| Provincial Sales Tax Exemption Number: Note! Please forward copy of Tax Exemption Permit.  |   |                  |
| <b>Principal Officer(s):</b>   |   |                  |
| Name:  | Position:                                   | Telephone:       |
| Home Address:  |   |                  |
| City:  | Province:                                   | Zip/Postal Code: |
| Name:  | Position:                                   | Telephone:       |
| Home Address:  |   |                  |
| City:  | Province:                                   | Zip/Postal Code: |

|  |                          |              |
|--|--------------------------|--------------|
| <b>Bank Information:</b>   |                          |              |
| Bank:  | Branch:                  | Telephone:   |
| Contact:   | Title:                   |              |
| Account No:  | Type:                    |              |
| Date Account Opened:   | Type of Credit Facility: | Limit: \$    |
| <b>Trade References: Note! At least 2 references are required.</b> |                          |              |
| Company Name:  |                          |              |
| Address:   |                          |              |
| City:  | Province:                | Postal Code: |
| Contact:   | Telephone:               | Fax:         |
| Payment Terms:   | Credit Limit \$:         |              |
| Company Name:  |                          |              |
| Address:   |                          |              |
| City:  | Province:                | Postal Code: |
| Contact:   | Telephone:               | Fax:         |
| Payment Terms:   | Credit Limit \$:         |              |
| Company Name:  |                          |              |
| Address:   |                          |              |
| City:  | Province:                | Postal Code: |
| Contact:   | Telephone:               | Fax:         |
| Payment Terms:   | Credit Limit \$:         |              |

I/we certify that the information contained herein is true and correct and understand that it will be kept confidential. Further, I hereby authorize the bank and trade references listed in this application to release necessary information to assist the company in establishing a line of credit.

I, \_\_\_\_\_, agree to the above terms

Date: \_\_\_\_\_ Position: \_\_\_\_\_