



Dealer Application

Company Information					
Legal Name			Trade Name		
Address				Phone No	
City	Province	Postal Code		Fax No	
Contact Person				Email Address	
Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Personal				Years in Business	Annual Sales
Principles of Company					
Name				Driver Licence No	
Address				S.I.N.	
City	Province	Postal Code		Email Address	
Bank Reference					
Bank Name			Contact Person		
Address				Phone No	
City	Province	Postal Code		Bank Transit No	Bank Account No
Trade Reference					
Company Name			Contact Person		
Address				Phone No	
City	Province	Postal Code		Fax No	
Company Name			Contact Person		
Address				Phone No	
City	Province	Postal Code		Fax No	
Declaration					
I, _____ hereby declare that all of the above information is true and complete to the best of my knowledge. I also agree to sign the PERSONAL GUARANTEE & POSTPONEMENT OF CLAIM if I request for credit terms.					
Signature		Title		Date	
Internal Use					
Application Reviewed By	Date		Bank Information Confirmed By	Date:	
Reference Checked By	Date		Approved By:	Date:	
Customer Code Assigned	Sales Rep.	Office	Terms	Credit Limit	
Remark					

Please Fax to: 1-613-745-3671