DISTRIBUTOR / WHOLESALER APPLICATION

Name/Address

Last:	First:	Middle Initial:	Title
Company Name:			Tax I.D. Number
Address:			
City:	Province:	ZIP Code:	Phone:

Company Information

Type of Business:			In Business Since:	
Legal Form Under Which Business Operates:				
Province/Country:	Corporation ☐	Partnership ☐	Proprietorship ☐	Other ☐
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:				Title:
Address:	City:	Province:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:				Title:
Address:	City:	Province:	ZIP:	Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:	
Cheque Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address: Contact Person :	Address: Contact Person :	Address: Contact Person :	
Phone:	Phone:	Phone:	

Trade References

COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Financial Information

Company Total Assets: **Company Total Liabilities:** **Annual Net Income:**	**Estimated Monthly Order Amount:**
Have you or your officers or affiliates ever filed a petition in bankruptcy? Yes ☐ No ☐	
Is your company subject to any litigation? Yes ☐ No ☐ If so, describe:	

We declare that the above information is true, correct, and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of those terms and conditions.

Company Name: _____

Authorized Signature: _____

Title: _____

Printed Name: _____