



ACOUSTIKIT 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.		
Principal Officer(s):		
Name:	Position:	Telephone:
Home Address:		
City:	Province:	Zip/Postal Code:
Name:	Position:	Telephone:
Home Address:		
City:	Province:	Zip/Postal Code:

