

## 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 Distributor Dealer Other: Please specify						
Form of Business: Sole Proprietor - Name of Sole Proprietor						
Partnership - Name of Partners						
Corporation- Date of Incorporation		Month/Day/Year				
Years in Business:		Number of Employees:				
Annual Sales: \$		Premises Area: Sq.Ft.				
Premises is:  Owned  Rented  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:			

Page 1 of 2



## **Bank Information:**

Bank:	Branch:		Telephone:		
Contact:		Title:			
Account No:		Туре:			
Date Account Opened:	Type of Credit Facility:		Limit: \$		
Trade References: Note! At least 2 references are required.					
Company Name:					
Address:					
City:	Province:		Postal Code:		
Contact:	Telephone:		Fax:		
Payment Terms:			Credit Limit \$:		
Company Name:					
Address:					
City:	Province:	ICTIC C	Postal Code:		
Contact:	Telephone:	DO LLO D	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:

Page 2 of 2