

allseating



CDN Dealer Application form

Company Name: _____
Address: _____
Telephone: _____ Fax: _____
Email Address: _____
Accounts Payable: _____
Years in Business: _____ Credit Requested: \$ _____

BANK REFERENCE:

Name: _____
Address: _____
Account Number: _____
Contact: _____
Telephone: _____ Email: _____

TRADE REFERENCE (minimum of 3) - Email address is required for the bank and trades provided

Name: _____
Address: _____
Telephone: _____ Email: _____

Name: _____
Address: _____
Telephone: _____ Email: _____

Name: _____
Address: _____
Telephone: _____ Email: _____

Terms: Orders are shipped OAC under regular terms of Net 30 unless otherwise stated.

By signing below as legal principal or agent of the above mentioned company having authority to represent the company in this matter, I agree to the above terms and give authorization to the Bank and Trade References to release credit information on the company to Allseating Corporation or a third party company acting on behalf of Allseating Corporation. I agree and understand that all necessary collection and legal expenses, including but not limited to collection agency fees, reasonable attorney fees, court costs, filing fees, interest and service fees may be charged in the event of default or failure to pay for goods and services provided. I acknowledge that Allseating Corporation reserves the right to charge interest at the maximum rate allowed by law in the event of default or failure to pay for goods and services sold and delivered. I acknowledge and agree that all charges incurred shall be considered due and payable according to the terms on the invoice.

Hand Written or Digital Signature: _____ Date: _____

Print Name: _____ Title: _____

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