

DEALER ACCOUNT APPLICATION



BUSINESS INFORMATION

BUSINESS NAME _____ DATE _____

ACCOUNT CONTACT _____
Name Title Phone Number

ADDRESS _____
Street Address Suite/Unit #

City Province Postal Code

PHONE _____ EMAIL _____

YEARS IN BUSINESS? _____ BUSINESS TYPE? _____
(Corporation/Sole Proprieter/Partnership)

BUSINESS CREDIT INFORMATION

ARE YOU REQUESTING CREDIT? YES NO IF YES, HOW MUCH? _____
Please fill out banking information if requesting a credit limit. All credit is subject to approval.

Your Business Bank Name Account # Transit # Years at this bank?

If no credit is requested ALL sales will be COD – Please check here for a ZERO Credit option

TRADE REFERENCES

COMPANY NAME #1 _____ ADDRESS _____

CONTACT NAME _____ CREDIT LIMIT? _____ PHONE # _____

COMPANY NAME #2 _____ ADDRESS _____

CONTACT NAME _____ CREDIT LIMIT? _____ PHONE # _____

COMPANY NAME #3 _____ ADDRESS _____

CONTACT NAME _____ CREDIT LIMIT? _____ PHONE # _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. Account terms will be set up on a per company basis, please ensure you check your documents to confirm what account options you are being set up with. By submitting this application, you authorize SunRaziant Infrared Heating Solutions Inc. to make inquiries into the banking, credit information, and business/trade references that you have supplied.

Signature: _____ Date: _____