

# Chyna Sea Ventures Ltd.

## Dealer Application Form

Mail to: PO Box 284, Qualicum Beach, BC, Canada V9K 1S8

Phone: (250) 594-1184 Fax: (250) 594-1185

Please ensure that your information is clearly written.

### Company Information

Company Name: \_\_\_\_\_  
Address: Street \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_\_\_\_\_  
Postal/Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
PST/State Tax No. \_\_\_\_\_ GST/EIN No. \_\_\_\_\_  
Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

### Business Details

Primary Business Description: \_\_\_\_\_

Existing Product Lines: \_\_\_\_\_

#### Business Type:

Store Frontage       Web Based       Home Based       Mobile  
 Others (Please specify) \_\_\_\_\_

### Bank Information

Bank Name: \_\_\_\_\_  
Address: Street \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account Manager: \_\_\_\_\_ Account Number(s) \_\_\_\_\_  
Loan Number(s): \_\_\_\_\_

### Trade References

1. Company Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
2. Company Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

### Key Company Personnel

State full names of company principals and titles.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Key Company Contacts

Accounts Payable \_\_\_\_\_ Sales Manager \_\_\_\_\_  
Controller \_\_\_\_\_ Purchasing Manager \_\_\_\_\_

### Ownership

Sole Proprietorship       Partnership       Limited Company       Institutional

### Terms

Original order is COD only.

Payment terms are 30 days from invoice date. Overdue accounts will be charged interest at a rate of 24% per annum. Accounts that are more than 90 days overdue will be subject to a shipping hold.

\_\_\_\_\_  
Print Company Name in Full

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Print Name