

COMPANY INFORMATION

Please complete the application based on your capabilities. If you have any questions, feel free to email us at orders@kartners.com.

Company Name:		Phone:	
Mailing Address:			
Town/ City:		Postal/ZIP Code:	
Shipping Address:			
Town/ City:		Postal/ZIP Code:	
Years in the Business:			Years at the Present Location:
Name of the President/Owner:			Email:
Corporation <input type="checkbox"/>	Subsidiary <input type="checkbox"/>	Division <input type="checkbox"/>	LLC <input type="checkbox"/>
Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>		

MAIN CONTACT INFORMATION

Account Payable	Name:		Phone:		Email:	
Order Confirmation	Name:		Phone:		Email:	
Invoicing	Name:		Phone:		Email:	
Showroom	Name:		Phone:		Email:	
Marketing	Name:		Phone:		Email:	

CREDIT APPLICATION

TRADE REFERENCE 1

Company Name:		Phone:		Contact Person:	
Address:					
Town/ City:				Postal/ZIP Code:	
Phone:		Fax:		Email:	

TRADE REFERENCE 2

Company Name:		Phone:		Contact Person:	
Address:					
Town/ City:				Postal/ZIP Code:	
Phone:		Fax:		Email:	

TRADE REFERENCE 3

Company Name:		Phone:		Contact Person:	
Address:					
Town/ City:				Postal/ZIP Code:	
Phone:		Fax:		Email:	

Anticipated Monthly Purchase (\$) _____ Credit line requested (\$) _____ Tax ID / UTR _____

PERSONAL GUARANTEE

TO: KARTNERS BATHROOM ACCESSORIES INC.

In the event Kartners Bathroom Accessories Extends credit to, _____, then in consideration thereof, the undersigned hereby in his/her individual capacity personally guarantees payment of all goods and services sold by Kartners, to said corporation, its successors and assigns, under the same terms and conditions of the account to which apply to the corporation.

We are authorized to check information submitted as well as other sources available, and to answer questions about your credit experience with us, if requests by others.

SIGNATURE _____

DATE _____

If needed, Kartners reserves the right to request further information to approve credit. For more info and inquiries, contact our Accounts Receivable Team: ar@kartners.com | 604.628.0567 ext 940 | 1.877.490.3537

DISPLAYS

For display selection, please refer to the Display Order Form available on the onboarding page, which will be sent separately. Kindly send a photo of your space to orders@kartners.com.

ONBOARDING CHECKLIST

Please review the items listed below and email us if any are missing or were not received.

- ☐ Digital Price Book
- ☐ Physical Price Book
- ☐ Onboarding Link: Resources Hub
- ☐ Summary of Terms & Conditions of Partnership
- ☐ Onboarding Package: Catalogs, Leaflets, Binder, SWAG
- ☐ Display Order Forms

NEXT STEPS

Please contact your rep agency to schedule the items listed below.

- ☐ Schedule Product Knowledge Session

KARTNERS NOTES

leave this section blank, as it will be used by Kartners.

REP INFORMATION

Agency Name:		Rep Name:	
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DISCOUNT APPLIED _____

CREDIT APPLIED _____

NOTES: