

# NEW DEALER APPLICATION FORM



5-5650 Tomken Rd  
Mississauga, Ontario  
L4W4P1  
T: 905-267-2172  
F: 905-267-4909  
W: [www.vintars.com](http://www.vintars.com)

## COMPANY INFORMATION

Corporate Name	
Trade Name	Primary Contact
Billing Address	Shipping Address
Phone	Fax
Website	Email address
Nature of Business	Agent <input type="radio"/> Corporation <input type="radio"/> Re-Seller <input type="radio"/> Partnership <input type="radio"/> Equipment Distributor <input type="radio"/> Proprietorship <input type="radio"/>
Date Established	Credit Limit Requested (Net 30 Days)
Name of Vintars Sales Representative	

## DIRECTORS & OFFICERS

Full Name and Title	Address
Full Name and Title	Address

## BANK REFERENCE

Name of Institution	Address
Account Number	
Contact	Email and Fax

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## TRADE REFERENCES

Company Name	Contact
Email Address	Fax
Company Name	Contact
Email Address	Fax
Company Name	Contact
Email Address	Fax

## ACCOUNTS PAYABLE

Contact Name	Email Address
Phone	Fax

## AUTHORIZED BUYER

Name	Email and Phone
Please check if P.O. # is a requirement <input type="checkbox"/>	

## SIGNATURE & AUTHORIZATION

All information contained within this application form is true and accurate and given for the sole purpose of obtaining credit from Vintars. I/We hereby authorize release of credit information from the above listed companies. In making this application for credit, I/we agree to pay all invoices within the terms provided. If payment is not received within thirty days, a 2% per month charge applies to the out standing balance.	
Signature	Printed Name
Title	Date