

**INVISION AUTO IMPORTS
INVISION AUTO DISTRIBUTIONS**

MAIN WAREHOUSE: 3238 Parsons Rd NW . Edmonton . AB . T6N 1M2 . Canada
PHONE: (780) 433-9699 **FAX:** (780) 433-9694 **EMAIL:** wholesale@iaimports.com
WEBSITE: www.iaimports.com **FACEBOOK:** www.facebook.com/invisionautoimports

DEALER APPLICATION FORM

DATE: _____

BUSINESS INFORMATION:

Type of Business (Check all that applies):

- | | | |
|---|---|---|
| <input type="checkbox"/> Store Front Retailer | <input type="checkbox"/> Mechanic Repair Shop | <input type="checkbox"/> Franchise: No. of Stores: ____ |
| <input type="checkbox"/> Home Business | <input type="checkbox"/> Paint/Bodyshop | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Internet/Online Retailer | <input type="checkbox"/> Distributor/Wholesaler | |

Legal Name of Business: _____

Operating Name of Business: _____

Hours of Operation: _____

Date Started: _____ Business #: _____

Company Type: Proprietor Partnership Franchise
 Ltd. Inc. Other: _____

Billing Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Phone1: _____ (Ext.) _____ Fax1: _____

Phone2: _____ (Ext.) _____ Fax2: _____

Email1: _____ Email2: _____

Website: _____

Shipping Address (if different): _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Phone: _____ (Ext.) _____ Fax: _____

Email: _____ Website: _____

SUPPLIERS / BUSINESS TRADE REFERENCE:

Reference #1

Business: _____ Contact: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Reference #2

Business: _____ Contact: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Reference #3

Business: _____ Contact: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

BANK INFORMATION:

Bank Name: _____ Contact: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Account #: _____

METHOD OF PAYMENT:

- Money Order / Certified Cheque / Cash
- Online Banking Electronic Email Transfer (EMT)
- Bank Wire Transfer / Direct Bank Deposit
- Credit Card [VISA or MASTERCARD]

CREDIT CARD INFORMATION:

Card No.: _____ Exp: _____ 3 Digits: _____

Name of Card Holder: _____

Signature of Card Holder: _____

*** I authorized all invoice payments or overdue invoices to be charged on the above credit card.

AUTHORIZED PURCHASERS:

Names: _____ PO Required: YES NO

APPLICANTS INFORMATION:

Name: _____ Title: _____

Phone: _____ Email: _____

I hereby state that I am an authorized representative of this company in which I the provided above is true and accurate to the best of my knowledge. I agree and I authorize Invision Auto Imports and Invision Auto Distributions to obtain and to consult all information on our account and credit status with any and all creditors, credit establishments, services and products suppliers including our financial institution, for the duration of this contract.

Agreement between _____ (buyer) and Invision Auto Imports (seller) and Invision Auto Distributions (seller).

SIGNATURE (Applicant)

SIGNATURE (witnessed)

PRINTED NAME (Applicant)

PRINTED NAME (witnessed)

TITLE (Applicant)

TITLE (witnessed)

DATE (signed on)

DATE (signed on)