

**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

**AUTO DEALERSHIP APPLICATION FORM**

DATE: \_\_\_\_\_

**BUSINESS INFORMATION:**

Products or Services Provided at Dealership (Check all that applies):

Performance Parts Sales       Aftermarket Accessories       Paint/Bodyshop  
 Distributor/Wholesaler       Internet/Online Sales       Other: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_

Operating Name of Business: \_\_\_\_\_

Date Started: \_\_\_\_\_ Business #: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

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: \_\_\_\_\_

**METHOD OF PAYMENT:**

- Business Cheque [Prepaid COD Only]
- Company Credit Card [VISA or MASTERCARD]
- Online Banking Electronic Email Transfer (EMT)

**CREDIT CARD INFORMATION:**

Company Card No.: \_\_\_\_\_ 3 digits: \_\_\_\_\_ Exp: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

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

**All products must be prepaid before shipment release unless other arrangements have been approved by Invision Auto Imports.**

**AUTHORIZED PURCHASERS:**

Names: \_\_\_\_\_ PO Required: [ ] YES [ ] NO

**PARTS MANAGER:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ 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)

**Please fax the completed application form along with the following documents to (780) 433-9694.**

- 1. Photocopy of Company's Letterhead**
- 2. Photocopy of Business Card**

For office use only: