



6635 KITIMAT RD.  
Unit # 42  
Mississauga, ON  
L5N 8E2

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## DEALER APPLICATION

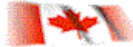
Corporation Name: \_\_\_\_\_ Account # (office use): \_\_\_\_\_

dba: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_



### Reporting Members

#### Required Information:

Owners, Partners, and/or Officers:

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

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

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

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

Business Structure: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Company \_\_\_\_\_

GST Number: \_\_\_\_\_ PST Number: \_\_\_\_\_ Corp. ID # \_\_\_\_\_

Year Established: \_\_\_\_\_

#### Bank Account Details:

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Credit Requested:** \_\_\_\_\_

**Trade References – 3 Account References Required (Open):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Note: If newly established, please attach a copy of your opening statement or give pertinent financial data.*

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**Release of Credit Information:**

*Declaration: I/we are an officer of the company and are authorized to make all statements on its behalf. The information of the company on this credit application is warranted to be true and correct. I/we hereby authorize Matrix Trading Company, or any of its agents, employees or any credit bureau, to investigate the references listed above and all statements, data and other information obtained and to obtain any reports about the company and its principals.*

Initial: \_\_\_\_\_

**Dealer Agreement Terms & Conditions:**

*Declaration: I/we acknowledge that Matrix Trading Company will charge 1.8% interest per month (18% p.a.) on all overdue accounts. I/we acknowledge that there may be a restocking charge of up to 25% of the value of the goods ordered and returned. All goods must have prior return authorization and a RA number and must be returned freight prepaid. All credit terms are strictly as per invoice.*

Initial: \_\_\_\_\_

**Personal Guarantee:**

If the credit customer is a corporation, then those signing this application, whether signing as a officer or not, personally guarantee payment for all items purchased on credit by the corporation.

By: \_\_\_\_\_  
*Authorized signature of company officer*

\_\_\_\_\_  
*Please print name of authorized signatory*

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

Date: \_\_\_\_\_

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***For office use only:***

Sales Representative Firm: \_\_\_\_\_ Sales Rep Name: \_\_\_\_\_

Credit approved: \_\_\_\_\_

Credit terms given: \_\_\_\_\_

By: \_\_\_\_\_  
*Authorized Signature officer*

\_\_\_\_\_  
*Please print name of authorized signatory*

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

Date: \_\_\_\_\_