



# Trans Can Imports Ltd.

8157 Wagner Rd. NW, Edmonton, AB T6E 4N6 Ph: (780) 465-0126 Fax: (780) 465-0174  
#6-14231 Burrows Rd., Richmond, B.C. V6V 1K9  
Toll Free 1-800-661-9438 Toll Free Fax 1-800-567-3210  
www.transcanimports.com

## Dealer Credit Card Application

FIRM NAME: \_\_\_\_\_ dba: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT \_\_\_\_\_

Web Site: \_\_\_\_\_ E-Mail: \_\_\_\_\_

TYPE OF BUSINESS: ARE YOU AN OEM DEALER? \_\_\_\_\_ If "yes", for: \_\_\_\_\_

CHECK ALL THAT APPLY: REPAIRS?\_\_\_ RENTALS?\_\_\_ PARTS & ACCESSORIES?\_\_\_

FOR: M/C?\_\_\_ ATV's?\_\_\_ SLEDS?\_\_\_ KARTS?\_\_\_ OTHER?\_\_\_\_\_

### LIST MAJOR SUPPLIERS:

|    | NAME  | CITY  | PHONE | FAX   |
|----|-------|-------|-------|-------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

IN THIS BUSINESS SINCE: \_\_\_\_\_ RENT?\_\_\_ OWN?\_\_\_ LEASE?\_\_\_ NO. OF EMPLOYEES:\_\_\_

FORM OF ORGANIZATION: CORPORATION:\_\_\_ PARTNERSHIP:\_\_\_ INDIVIDUAL:\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

I/We make application for an account and certify that the statements given above for the purpose of opening this account are true. I/We hereby authorize Trans Can Imports Ltd. to charge my purchases to the below credit card for the account listed above and any transaction from Trans Can Imports Ltd. I certify that I am the authorized card holder of record and that I have full authority to make purchases on behalf of the account listed above.

The undersigned further agrees that should any action be commenced to collect any due unpaid sums from the above company by virtue of the credit extended hereunder, the undersigned shall be responsible for payment of costs of suit, including reasonable attorney's fees and any charges described within the terms and conditions of the sale as described herein.

Credit Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_ SIC#: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_