

Dealer and Credit Application

(In order to process your application, all areas must be filled out completely)

Date Sent | _____ Customer Account No | _____

▶ Name and Address

Legal Name of Firm | _____

Name used to do Business | Same as above Different – Please Specify _____

Street | _____ City | _____ Province | _____

Postal Code | _____ Phone | _____ Fax | _____

Requested Credit Limit | _____ Preferred Method of Payment | Cheque  

Total Annual Sales | _____ % Wearables | _____ % Clothing | _____

▶ Type of Business

Proprietorship > Name of Owner | _____

Partnership > Name of Partners | _____

Corporation > Province in which incorporated | _____

Names of Officers and Title | _____

Phone | _____ E-mail | _____

▶ Other Information

Person in charge of Accounts Payable | _____

Phone | _____ E-mail | _____

Date business established/incorporated | _____

Do you own the building (store)? | Yes No GST # | _____ PST # | _____

Number of full-time sales personnel _____

▶ Bank Reference

Name of Bank | _____ Account Number | _____

Street | _____ City | _____ Province | _____

Postal Code | _____ Phone | _____ Fax | _____ Contact | _____

▶ Other Trade References Preferably From Sporting Goods Industry

Name of Firm | _____ High Credit | _____ Dealt Since | _____

Street | _____ City | _____ Province | _____

Postal Code | _____ Phone | _____ Fax | _____

Name of Firm | _____ High Credit | _____ Dealt Since | _____

Street | _____ City | _____ Province | _____

Postal Code | _____ Phone | _____ Fax | _____

Name of Firm | _____ High Credit | _____ Dealt Since | _____

Street | _____ City | _____ Province | _____

Postal Code | _____ Phone | _____ Fax | _____

one

two

three

Date

Authorized Signature

Title

* Please attach a copy of your current Financial Statement as this will facilitate credit approval

* For Ontario PST exempt customers, a PST exemption form must accompany this application.

* The undersigned authorizes and consents to the receipt and exchange of credit information.

Do Not Fill In – For Office Use Only

Credit Limit | _____

Reviewed By | _____

Approved By | _____

Date Approved | _____

Rep # | _____



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I have met with this applicant and agree to establish this account. (Signed by Sales Rep)