

Canadian Dealer Application Form

Dealer Application Form

Please fill this form out completely, sign the bottom left of second page and fax both pages to (604) 460 6005. Please call 1-866-872-6936 with any questions.

Contact & Shipping Information	Company Name: _____ Date: _____ Trade Name (if any): _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Telephone: (_____) _____ Fax: (_____) _____ E-Mail: _____ Web Address: _____ Shipping Address: Same as Mailing Address: () If not: _____
Company & Purchasing Details	Company Registration: Proprietorship () Partnership () Incorporated () Name of Majority Shareholder: _____ GST Exempt (if applicable) #: _____ Dealer #: _____ PST Tax Exempt #: _____ Resale #: _____ Type of Business: Retail Store () S.I. () Consultant () VAR () Other () Years in Business: _____ No of Employees: _____ Annual Sales: _____ Purchase Authorization Required by: _____ Sales Manager: _____ Accounts Payable: _____
Trade References	Company Reference 1: _____ Fax #: (_____) _____ Contact: _____ Telephone: (_____) _____ Company Reference 2: _____ Fax #: (_____) _____ Contact: _____ Telephone: (_____) _____ Company Reference 3: _____ Fax #: (_____) _____ Contact: _____ Telephone: (_____) _____

Dealer Information

Company Legal Name: _____

Mailing Address: _____

Banking information

Bank _____

Address _____

Contact _____

Account # _____

Phone # _____

Fax # _____

Date: _____

Dear Sir/Madam

Please accept this letter as authorization to confirm that the banking information listed above is correct. Please sign below to confirm the above noted information is correct and **fax this letter to (604) 460 6005**

Attention:
 Accounts Receivable
 Tranzeo Wireless Technologies Inc
 19473 Fraser Way,
 Pitt Meadows, BC
 V3Y 2V4

Thank you,

 Dealer Authorized
 Signature

FOR BANK USE ONLY

I certify that the above banking information is correct

 Bank Authorized Signature

Banking Reference