



Fax Completed Forms to:
(604) 629-0030

Application for Dealership

Business Information:

Legal Business Name _____

Doing Business As _____

GST # (required) _____ PST # _____

Phone_(_____) _____ Fax_(_____) _____

2nd Phone_(_____) _____ E-mail _____

Bill to Address _____

City _____ Province _____ Postal Code _____

Ship to Address _____

City _____ Province _____ Postal Code _____

of Stores _____ # of Yrs in Business _____ Estimated Annual Sales _____

Business Type: Corporation _____ Sole Proprietor _____ Partnership _____ Other (specify) _____

Store Type: Mall (indoor) _____ Strip Mall (outdoor) _____ Free Standing Bldg _____ Other (specify) _____

Description of Business _____

Lines Carried:

Skate _____ Snow _____ Shoes _____ Apparel _____

Does your shop service skateboards? Yes _____ No _____

List the Three Closest Shops in Your Area:

1. _____ Distance From Your Shop _____

2. _____ Distance From Your Shop _____

3. _____ Distance From Your Shop _____

***Please attach a business card and pictures of the inside (please include skate and/or shoe wall) and outside of your shop(s). If you have more than one store location, please attach the address (bill to and ship to), phone #, fax #, and contacts (if different).**



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Contacts:

Name _____ Owner _____ Buyer _____ Mgr _____ a/p _____

Name _____ Owner _____ Buyer _____ Mgr _____ a/p _____

Name _____ Owner _____ Buyer _____ Mgr _____ a/p _____

Owner or Principal Stockholder _____ Title _____

Home Address _____ Home Phone_(_____) _____

City _____ Province _____ Postal Code _____

S.I.N. _____ Driver's License _____

Other Principals / Officers (name and title) _____

Has corporation, principals, partners or proprietor declared bankruptcy in the last seven years?

Yes _____ No _____ if yes, date _____

Business Bank Information:

Name _____ Branch _____ Account # _____

Address _____ City _____ Prov _____ Postal Code _____

Phone_(_____) _____ Fax_(_____) _____ Contact _____

Trade References (please list skateboard suppliers when possible):

Name _____ Phone_(_____) _____ Fax_(_____) _____

Address _____ City _____ Prov _____ Postal Code _____

Name _____ Phone_(_____) _____ Fax_(_____) _____

Address _____ City _____ Prov _____ Postal Code _____

Name _____ Phone_(_____) _____ Fax_(_____) _____

Address _____ City _____ Prov _____ Postal Code _____

I hereby certify that the above information is true and complete to the best of my knowledge. You are hereby authorized to contact and all of the above Trade References regarding our credit. I give my authorization to release bank account information.

Owner's Name (please print) _____

Owner's Signature: _____ Date: _____

Owner's Name (please print) _____

Owner's Signature: _____ Date: _____