

# Application for Distributorship of "ErgoTorq" Products

Please fill out and return Fax to Ergonomics Specialties (519) 425 - 9924

Distributor Name : \_\_\_\_\_ Type of Business : \_\_\_\_\_

Billing Address : \_\_\_\_\_ Shipping Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number : \_\_\_\_\_ Fax Number : \_\_\_\_\_

How Long In Business : \_\_\_\_\_ Number of Employees : \_\_\_\_\_

Sales Manager : \_\_\_\_\_ Accounts Payable Rep. : \_\_\_\_\_

## Banking Information

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

Phone Number : \_\_\_\_\_ Fax # : \_\_\_\_\_

Account # : \_\_\_\_\_

### **To the responding bank:**

Kindly provide a credit rating on the above mentioned client. You will find authorization from the client as signed below.

Canada Trust  
195 Thames Street South  
Ingersoll, Ontario, N5C 2T6

Attention : Credit Dept. (Bank Rep.)  
Fax Number :  
Phone Number : (519) 486-6010

### **Authorized Distributor Representative :**

We hereby authorize the above named bank to release credit information on our company : \_\_\_\_\_ *Signature*                      *Date* : \_\_\_\_\_

### **Supplier References**

	Company Name	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____