



2861 SHERWOOD HEIGHTS DRIVE, UNITS 36 & 37 OAKVILLE, ON L6J 7K1

PHONE: (905) 829-3040 **TOLL FREE:** (800) 323-6634 **FAX:** (905) 829-4196

E-MAIL: info@thorvinelectronics.com **WEBSITE:** www.thorvinelectronics.com

DEALER APPLICATION

Operating Name: _____

Company Legal Name: _____ President: _____

In Business Since: _____ Credit Line Requested: _____ Gross Sales LY \$: _____

Type of Business or Service: _____

URL http:// _____

Authorized Purchaser: _____ Email: _____

Tel: _____ Fax: _____

Payables Contact: _____ Email: _____

Tel: _____ Fax: _____

Bill-to-Address: _____ Suite: _____

City: _____ Province: _____ Postal Code: _____

Ship-to-Address: _____ Suite: _____

City: _____ Province: _____ Postal Code: _____

My signature below indicates that I have read and understood Thorvin's Return Procedure, Restocking and Credit policy. I certify that I am purchasing products for re-sale and that the information above is complete and correct.

Name: _____ Title: _____

Signature: _____ Date: _____



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CREDIT APPLICATION

TRADE REFERENCES (not required if you wish to pay by cash, cheque or credit card on a per order basis)

Please provide information on 3 suppliers with whom you have a line of credit and who would be willing to share credit information with Thorvin Electronics. If your supplier has provided you with a recent letter (within 2 months) stating your credit status then please attach a copy.

Please do not reference couriers, printers, or office supply companies as we are unable to use references from these suppliers. Note: Many national distributors will not share credit information on your company.

1) Supplier: _____ Contact: _____ Account # : _____

Address: _____ City: _____

Phone: _____ Fax: _____

2) Supplier: _____ Contact: _____ Account # : _____

Address: _____ City: _____

Phone: _____ Fax: _____

3) Supplier: _____ Contact: _____ Account # : _____

Address: _____ City: _____

Phone: _____ Fax: _____

CREDIT AGREEMENT:

First orders are payable by company cheque, Visa or MasterCard. A 90 day probationary period is in effect once credit is approved. Balance due within **30 Days**. 2 % per month charged on overdue accounts. Inactive accounts will revert to COD after 12 months unless updated credit info is provided, (please call for a new application).

I certify the above information is complete and accurate. I authorize Thorvin Electronics to contact references and verify credit info. If extended credit I agree to pay within the terms set out on the invoice (s). I have read, understood, and agree to the above:

Name: _____

Title: _____

Authorized Signature: _____

Date: _____