



DEALER APPLICATION FORM

Please complete, sign, and return this form
by fax to (250) 374-2692

Billing Address:		Shipping Address: (if different)	
Company Name:		Company Name:	
Street Address:		Street Address:	
City, Province/State, Postal Code/Zip:		City, Province/State, Postal Code/Zip:	
Telephone:	Fax:	Telephone:	Fax:
Email:		Email:	
Website:			
General Information			
Type of Business (if other, please indicate below): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture		# of Years in Business:	Amount of Credit Requested:
Owner / Principal #1:	Social Insurance / Security No:	Owner / Principal #2:	Social Insurance / Security No:
General Description of Business:		Business License Number:	Plumbing/Electrical Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No ID#:
Are Written Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	DUNS Number (If applicable):	Federal Tax / Business Number:	Provincial / State Tax Number:
Accounts Payable Contact:	Phone Number & Extension:	Fax Number:	Email Address:
Purchasing Agent:	Phone Number & Extension:	Fax Number:	Email Address:
Credit References			
This section is only required if you want to apply for net 30 credit terms.			
Reference #1 Name & Address:	Name of Contact:	Phone Number:	Fax Number:
Reference #2 Name & Address:	Name of Contact:	Phone Number:	Fax Number:
Reference #3 Name & Address:	Name of Contact:	Phone Number:	Fax Number:
Banking Information			
This section is only required if you want to apply for net 30 credit terms.			
Bank and Branch Name & Address:	Name of Account Representative:	Phone Number:	Fax Number:
Type of Account(s) and Services with this Bank (check all that apply): <input type="checkbox"/> Savings <input type="checkbox"/> Chequing (Checking) <input type="checkbox"/> Line of Credit <input type="checkbox"/> Loans		Account Number:	
Credit Card			
If you prefer, we can apply your purchases to a credit card (VISA or Mastercard only). If you are interested in this option, please complete this section.			
Please apply my purchases to the following credit card:			
Credit Card Number	Expiry	Name on Card:	Signature of Cardholder
Terms & Conditions			
All orders must be prepaid until a credit application has been completed, reviewed, and approved by HomePlus Products Inc. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees. Any balance so remaining unpaid shall bear interest at 1.5% per month.			
Acceptance and Approval			
Signing this credit application form indicates your acceptance of the terms and conditions as stated above. In addition, you authorize HomePlus Products Inc. to make any and all inquiries necessary to process this request for credit.			
Name of Authorized Representative:	FOR OFFICE USE ONLY		Account Type / Discount Level:
Title:	Reviewed By:	Date Reviewed:	
Signature:	Approved By:	Date Approved:	
Date:	Terms Granted:	Credit Limit:	