

**INVISION AUTO IMPORTS  
INVISION AUTO DISTRIBUTIONS**

**MAILING ADDRESS:** 531 Butterworth Way . Edmonton . AB . T6R 2N4 . Canada  
**MAIN WAREHOUSE:** #100, 18221-105 Ave . Edmonton . AB . T5S 2L5 . Canada  
**PHONE:** (780) 433-9699 **FAX:** (780) 433-9694 **EMAIL:** wholesale@iadistributions.com  
**DEALER WEBSITE:** [www.iadistributions.com](http://www.iadistributions.com)  
**OTHER WEBSITE:** [www.iainports.com](http://www.iainports.com)

**DEALER APPLICATION FORM**

DATE: \_\_\_\_\_

**BUSINESS INFORMATION:**

Type of Business (Check all that applies):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Store Front Retailer     | <input type="checkbox"/> Mechanic Repair Shop   | <input type="checkbox"/> Franchise: No. of Stores: ____ |
| <input type="checkbox"/> Home Business            | <input type="checkbox"/> Paint/Bodyshop         | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> Internet/Online Retailer | <input type="checkbox"/> Distributor/Wholesaler |   |

Legal Name of Business: \_\_\_\_\_

Operating Name of Business: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Date Started: \_\_\_\_\_ Business #: \_\_\_\_\_

Company Type:       Proprietor       Partnership       Franchise  
                                  Ltd.                       Inc.                       Other: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone1: \_\_\_\_\_ (Ext.) \_\_\_\_\_ Fax1: \_\_\_\_\_

Phone2: \_\_\_\_\_ (Ext.) \_\_\_\_\_ Fax2: \_\_\_\_\_

Email1: \_\_\_\_\_ Email2: \_\_\_\_\_

Website: \_\_\_\_\_

Shipping Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (Ext.) \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**SUPPLIERS / BUSINESS TRADE REFERENCE:**

**Reference #1**

Business: \_\_\_\_\_ Contact: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Reference #2**

Business: \_\_\_\_\_ Contact: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Reference #3**

Business: \_\_\_\_\_ Contact: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**BANK INFORMATION:**

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

**METHOD OF PAYMENT:**

- [ ] Money Order / Certified Cheque
- [ ] Online Banking Electronic Email Transfer
- [ ] Bank Wire Transfer / Direct Bank Deposit
- [ ] Credit Card [VISA or MASTERCARD]

**CREDIT CARD INFORMATION:**

Card No.: \_\_\_\_\_ 3 digits: \_\_\_\_\_ Exp: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

\*\*\* I authorized all invoice payments or overdue invoices to be charged on the above credit card.

**APPLICANTS INFORMATION:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

I hereby state that I am an authorized representative of this company in which I the provided above is true and accurate to the best of my knowledge. I agree and I authorize Invision Auto Imports and Invision Auto Distributions to obtain and to consult all information on our account and credit status with any and all creditors, credit establishments, services and products suppliers including our financial institution, for the duration of this contract.

Agreement between \_\_\_\_\_ (buyer) and Invision Auto Imports (seller) and Invision Auto Distributions (seller).

\_\_\_\_\_  
SIGNATURE (Applicant)

\_\_\_\_\_  
SIGNATURE (witnessed)

\_\_\_\_\_  
PRINTED NAME (Applicant)

\_\_\_\_\_  
PRINTED NAME (witnessed)

\_\_\_\_\_  
TITLE (Applicant)

\_\_\_\_\_  
TITLE (witnessed)

\_\_\_\_\_  
DATE (signed on)

\_\_\_\_\_  
DATE (signed on)