
Company Name

Address

City

State / Province

Zip/Postal Code

Phone Number

Fax Number

Email Address

Contact Name

Title

Type of Company

Incorporated Partnership Private

Years in Business? _____

Legal Name if different from above _____

If Outside Canada, Federal Tax ID # _____

Please Describe your company's major activities; ie accessory retailer, manufacturer, etc.

Type of Inquiry

Are you applying for : Distributorship Retail Sales

(To be a distributor you must commit to minimum purchase requirements)

Distributors

How Many Locations do you supply to? _____

Are any of the locations owned by you? _____

Are you wanting an "exclusive" territory? Yes No

If yes to the above, please describe the geographical territory that you wish to apply for; ie: state, central USA, etc

Retail Sales

How many tonneau covers do you sell annually? _____

Does your company have a retail location or are you internet based _____

How Many locations do you have? _____

Do you normally "Stock" items or do you place custom orders? _____

References:

Please provide 3 supplier references including contact numbers:

Company Name	Contact	Phone

Initial orders must be prepaid prior to shipping.

Please Fax completed form to (403) 887-7737