



DEALER APPLICATION

(Fax) 905-829-4196, (Tel) 905-829-3040, Toll Free 1-800-323-6634

www.thorvinelectronics.com

Company Legal Name: _____

In Business Since: _____ President: _____ 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: _____

Ontario Retail Sales Tax Exemption (please complete if located in Ontario)

Under the provisions of **The Retail Sales Act**, the above-named business claims exemption from tax on the following items of tangible personal property and on the following taxable services.

Computer Control products, Multimedia Educational Products, Sound and Communication Products, Hearing Assistance Products, and Digital Signage Products.

Name: _____ Title: _____ Date: _____

8-Digit Ontario Vendor Permit PST#: _____ Signature: _____



CREDIT APPLICATION

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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: _____