



JACK CAR CARE

DIV:AURORA MARINE INDUSTRIES INC.

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NEW DEALER APPLICATION FORM

Date: _____

Trade Name: _____ Phone: _____

Corporate Name: _____ Fax: _____

Mailing Address: _____ Email: _____

Shipping Address: _____ Web: _____

City: _____ State/Province: _____ Zip/Postal: _____

Shipping Instructions: _____

Is a Purchase Order Requested? Yes No

Type of Business: Retail Store: Detailing: Auto Dealership: Other: _____

Business Premises: Owned: Rented: Expiry Date of Lease: _____

Please check one of the following:

A) IF A CORPORATION: Presidents Name: _____

B) IF A SOLE PROPRIETORSHIP: Principal's Name: _____

C) IF PARTNERSHIP: 1) Partner's Name: _____

2) Partner's Name: _____

Name of Financial Person: _____

Length of time in Business under this name: Since: _____ Years: _____ Months: _____

Federal ID or PST#: _____ State Tax or GST#: _____

Type of Account Requested (more than one ok):

1) Open Account: Credit Amount Requested: _____

2) Visa: (optional) Number: _____ Exp: _____

3) Mastercard: (optional) Number: _____ Exp: _____

Complete Page1, Sign Page2 and Fax both pages to 1(905) 564-4956.

Complete Reference section on Pg2 if you require Terms.



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References for Open Account Request:

*Complete information will speed up processing your account. Do **NOT** use 800 or 888 numbers please.*

1) Company Name: _____ Address: _____
 Phone: _____ Fax: _____

2) Company Name: _____ Address: _____
 Phone: _____ Fax: _____

3) Company Name: _____ Address: _____
 Phone: _____ Fax: _____

Bank Name: _____ Address: _____
 Phone: _____ Fax: _____

AGREEMENT WITH JACK CAR CARE

In consideration of JACK CAR CARE allowing us to purchase goods and services, we agree to the following:

- 1) We will pay invoices from you per terms and conditions on the invoice.
- 2) We will pay a monthly service charge on all overdue accounts.
- 3) Payments will apply first to service charges and then to the balance.
- 4) Ownership of any goods sold on credit shall remain with JACK CAR CARE until paid in full.
- 5) We consent to your making a credit investigation and/or obtaining credit reports.

Applicant Signature: _____ Guarantee Signature: _____

Name (PRINTED): _____ Name (PRINTED): _____

Title: _____ Title: _____

Person responsible for payment (This constitutes a guarantee by the person signing to pay for any unpaid balance on this account)

***Application will not be processed unless both Applicant Signature and Guarantee Signature appear above.**

(FOR OFFICE USE ONLY)

Date Processed: _____ Credit Limit: _____

Type(s) of Account: _____ Sales Representative: _____

Managers Approval: _____ Rejected by: _____