

Welcome - Prospective New Dealers

Banvil 2000 has been in the lighting and air movement business since 1974 and has grown with the changes in the industry. We look forward to adding your company to our list of dealers.

Please print and fill out the following New Dealer Application so that we may expedite the application process and better serve you in the future.

Provide information in every category of the application, as applicable. We recommend that you print a copy of the completed application for your records prior to submitting it to Banvil.

Please fax the completed and signed application to us.

When we receive your application, we will respond to you via phone or email to verify that we have received your dealer application.

You will be directly contacted by a member of our Dealer Development team to further discuss your application.

Thank you for your interest in becoming a Banvil dealer.



BANVIL 2000

Division of 3383768 Canada Limited

Mailing Address: P.O. Box 23087, 55 Ontario Street S., Milton, Ontario L9T 2M3

Office Address: 775 Main Street East, Milton, Ontario, L9T 3G3

Telephone: (905) 878-1080 Fax (905) 878-0272

Telephone: 1-888-822-6845 Fax 1-888-422-6845

e-mail: info@banvil2000.com

DATE: _____

(A) Corporate Name: _____ (B) Registered Name: _____

Address: _____ Address: _____

City and Prov.: _____ City and Prov.: _____

Postal Code: _____ Social Ins. No.: _____

Phone: (____) _____ Visa Card No.: _____

Fax: (____) _____ No of Yrs. In Business: _____

President of Company/Owner: _____ Type of Business: _____

GST No.: _____ CREDIT LINE REQUIRED: \$ _____

Responsible Party: _____ PST No.: _____

Order Desk: _____ Accounts Payable: _____

CREDIT APPLICATION

BANK REFERENCE

Name of Bank: _____ Address: _____

Bank Mgr. Name _____ Phone No.: (____) _____

Account No.: _____ Fax No.: (____) _____

AUTHORIZATION CLAUSE

The information supplied herein authorizes our credit department to obtain credit references from the bank and trade references.

Date: _____ Authorized by: _____

TRADE REFERENCE

1. Name: _____ Phone No.: (____) _____

Contact: _____ Fax No.: (____) _____

2. Name: _____ Phone No.: (____) _____

Contact: _____ Fax No.: (____) _____

3. Name: _____ Phone No.: (____) _____

Contact: _____ Fax No.: (____) _____

We agree that the usual credit inquiries may be made at any time in connection with this application and consent to the disclosure of such information to any person of any bona fide credit agency. We also agree to pay service charges on any overdue portion of our account at the rate of 2% per month (24% per annum).

FOR OFFICE USE ONLY

Credit approved by: _____ Date: _____