



840 Valens Road
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Dealership Application

Full Business Name: _____

Street Address: _____

City, Prov: _____ Postal Code: _____

Phone: Bus: _____ Home: _____

Fax: _____ E-mail _____

Proprietorship

Partnership

Incorporation

(name of owner)

(name of partner)

(name of partner 2)

Tax ID# _____ Date Business Started _____

Business Operated: Full Time Part Time Mobile Unit

Bank handling your company account:

Name: _____ Address: _____

City, Prov./State: _____ P.C./Zip _____

I certify that all the above information is correct: _____

Date: _____ *(Signature)*

Please list (4) major suppliers in the industry from whom you are purchasing on open terms.

Name _____ Address _____ City, Prov _____ Phone _____ Fax _____	Name _____ Address _____ City, Prov _____ Phone _____ Fax _____
Name _____ Address _____ City, Prov _____ Phone _____ Fax _____	Name _____ Address _____ City, Prov _____ Phone _____ Fax _____

For initial order: COD _____ PREPAID _____
 OR prefer to wait for terms to be set up _____

If prepaid please add Visa or Mastercard # _____ Exp _____