

Credit Application for Dealers

Legal Name of Firm: _____

Business Address: _____

Mailing Address _____

(If different): _____

Tel: _____ Fax: _____

E-MAIL: _____

WEB-SITE: _____

business: _____

Business registered as: Corp. _____ Partnership _____ Proprietorship _____

Premises: Leased: _____ Owned: _____

Principles Owners or Directors:

<u>Name</u>	<u>Position</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approximate Annual Volume: _____ No. of Employees: _____

Maximum Credit Required: _____

Bank Information:

Name of Bank: _____

Address: _____

Tel: _____ Fax: _____

Account Number: _____

Contact Person: _____

Trade References:

Name/Company

Address

Phone/Fax

Please answer the following questions:

What does your business consist of? Is it distribution or solutions? Please Explain.

What is your core product? _____

Have any of your employees taken any training for crane operations?

Would you need any of your employees trained for certifications?

Do you ever require the projects to have services of engineering?

How long has your company been registered and operating in Canada?

**Does your company extend in the U.S. for business and services?
If so, where?**

We hereby affirm that the information given is for the purpose of obtaining credit and is true and correct. Should a charge account be opened with Rival Material Handling Systems Inc., we hereby agree to pay same on or before the 30th day following the date of purchase and to pay interest on any balance not so paid at the rate of 3% (percent) per month until paid in full.

***Authorized Signature* _____ *Date* _____**

Please be aware all 1st. orders are all subject to 50% payment with order, or COD.