

ROMPPAI'S WHOLESALE DEALER APPLICATION

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PLEASE TYPE OUT ONLY

COMPANY NAME:

BILLING ADDRESS:

CITY: PROVINCE: POSTAL CODE/ZIP: Country:

Phone# FAX#

EMAIL Website:

INCORPORATED: PARTNERSHIP: OWNER/OPERATOR: YR.ESTABLISHED:

If shipping address is different::

SHIP TO ADDRESS Name:

CITY: PROVINCE:

Country: POSTAL CODE/ZIP

PHONE: #

NAME OF DIRECTORS, PARTNERS, OWNERS

1. NAME PHONE:

ADDRESS: POSTAL CODE/ZIP:

2. NAME PHONE:

ADDRESS: POSTAL CODE/ZIP:

3. NAME PHONE:

ADDRESS: POSTAL CODE/ZIP:

4. NAME PHONE:

ADDRESS: POSTAL CODE/ZIP:

PHONE:

3. ACCOUNTS PAYABLE CONTACT: PHONE:

BANK:

ADDRESS: CITY: PROVINCE:

POSTAL/ZIP CODE:

CONTACT: ACCOUNT # PHONE:

SALES TAX EXEMPTION: GST# _____ PST# _____

COMPANY CREDIT CARD # _____ EXPIRY DATE: # _____

CARD HOLDER NAME: _____

TRADE REFERENCES

1. _____ PHONE # _____

ADDRESS: _____ FAX # _____

2. _____ PHONE # _____

ADDRESS: _____ FAX # _____

3. _____ PHONE # _____

ADDRESS _____ FAX # _____

TERMS: Visa, Master Card, AMC, Company Check, Interac, Cash on delivery or in advance on special orders or booking programs. We offer great savings with our early order booking programs

Please note: Checks returned for any reason, \$25.00 service charge applies. Minimum opening New Dealer order \$1500.00, repeat orders minimum \$500.00 No product returned after 30 days from date of shipment with out pre authorization number or items for warranty. Warranty items must meet our Warranty policy.

I have read the above and fully authorize Tackle By Dy to collect any credit Information on our company from the trade references which I have provided them.

Note: We have a 3rd party loaning/finance company to help you get the inventory or anything need to grow your business, call use today, an get were you want faster.

Mail to above address, you may fax this form to start the poses, but we need the original copy

Also include your PST exempt form an copy of master business license

AUTHORIZED SIGNATURE OF APPLICANT

X _____ DATE _____

OFFICE USE ONLY: PRODUCT(S) INTERESTED IN:

Assigned Price List:

Dealer Number: _____

Sales REP: _____ CREDIT \$ REQUESTED __ N/A