

CONFIDENTIAL DEALER APPLICATION

(please fax back to 905-833-5439)

email:customerservice@kitcheninnovationsinc.com

BUSINESS INFORMATION

BUSINESS INFORMATION	Name of Business:		Number:	
	Partnership:	Proprietorship	Corporation	Incorporation No.
	Years in Business:	Nature of Business:		
	Store Address:			
	• City		Province	Postal Code
	Owner Email:		Buyer Email:	
	Store Website:			
	Name of Owner:		Telephone:	• Fax
	Owner's Address:			
	Manager:		Telephone:	• Fax
	Accounting Contact:		Telephone:	• Fax
	Purchaser:		Telephone:	• Fax
	Billing Address (if different f	from store):		
	Other Store Locations: (1)			
	Manager:		Telephone:	• Fax
TRADE REFERENCES	Other Store Locations: (2)			
	Manager:		Telephone:	• Fax
	1. Name of Business:			
	Address:			
	• Phone:		Contact:	
	2. Name of Business:			
	Address:			
	• Phone:		Contact:	
	3. Name of Business:			
	• Address:			
BANK REFERENCES	• Phone:		Contact:	
	Name of Bank:			Account No:
	• Address:			
OTHER INFORMATION	• Phone:		Contact:	
	• Fed Tax ID(US):		• G.S.T.(CDN):	
	Credit Limit Requested:		Credit Approved for:	
	My bank listed above is authorized to release information on the date opened and average balance of my account. Payment will be made in full within your net terms as per Kitchen Innovations Inc. Past due accounts will be charged a FINANCE CHARGE of 2% per month. Accounts thirty (30) days past due may be placed on a C.O.D. basis. Accounts sixty (60) days past due may be placed for collection and collection and/or court cost will be added. The above information is herewith submitted for the purpose of opening an account and I do hereby certify this information to be true.			
	Authorized Signature:	Position:		Date: