

**NEW DEALER APPLICATION FORM**

Date: \_\_\_\_\_

Trade Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Corporate Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Web: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

Shipping Instructions: \_\_\_\_\_

Is a Purchase Order Requested? Yes  No

Type of Business: Water Slides:  Inflatable Pillows:  Inflatable Water Parks:  Other: \_\_\_\_\_

Business Premises: Owned:  Rented:  Expiry Date of Lease: \_\_\_\_\_

**Please check one of the following:**

A) IF A CORPORATION:  Presidents Name: \_\_\_\_\_

B) IF A SOLE PROPRIETORSHIP:  Principal's Name: \_\_\_\_\_

C) IF PARTNERSHIP:  1) Partner's Name: \_\_\_\_\_

2) Partner's Name: \_\_\_\_\_

Name of Financial Person: \_\_\_\_\_

Length of time in Business under this name: Since: \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_

Federal ID or PST#: \_\_\_\_\_ State Tax or GST#: \_\_\_\_\_

**Type of Account Requested (more than one ok):**

1) Open Account:  Credit Amount Requested: \_\_\_\_\_

2) Visa:  (optional) Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Cvc: \_\_\_\_\_

3) Mastercard:  (optional) Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Cvc: \_\_\_\_\_

**References for Open Account Request:**

*Complete information will speed up processing your account. Do **NOT** use 800 or 888 numbers please.*

1) Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2) Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3) Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**AGREEMENT WITH INDIKON INC.**

**In consideration of INDIKON INC. allowing us to purchase goods and services, we agree to the following:**

- 1) We will pay invoices from you per terms and conditions on the invoice.
- 2) We will pay a monthly service charge on all overdue accounts.
- 3) Payments will apply first to service charges and then to the balance.
- 4) Ownership of any goods sold on credit shall remain with **INDIKON INC.** until paid in full.
- 5) We consent to your making a credit investigation and/or obtaining credit reports.

Applicant Signature: \_\_\_\_\_ Guarantee Signature: \_\_\_\_\_

Name (PRINTED): \_\_\_\_\_ Name (PRINTED): \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

*Person responsible for payment (This constitutes a guarantee by the person signing to pay for any unpaid balance on this account)*

**\*Application will not be processed unless both Applicant Signature and Guarantee Signature appear above.**

(FOR OFFICE USE ONLY)

Date Processed: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Type(s) of Account: \_\_\_\_\_ Sales Representative: \_\_\_\_\_

Managers Approval: \_\_\_\_\_ Rejected by: \_\_\_\_\_