



Phone **905.319.5005** Fax **905.336.5881**

# Dealer / Trade Application

## BUSINESS INFORMATION

Company Name:		Website:		Operating Trade Name:	
Contact:		Title:		E-mail:	
Phone:		Fax:		Payables Manager:	
Company address: City: State/Province: Country: ZIP/ Postal Code:			Shipping Address: <input type="checkbox"/> Same or: City: State/Province: Country: ZIP/ Postal Code		
Date business commenced:		Sole proprietorship:		Partnership:	
				Corporation:	

## BANKING INFORMATION

Bank Name:		Contact Name:		Phone:	
		E-Mail:		Fax:	
Address:		City:		State/Province:	
				ZIP / Postal Code:	
Type of account:	Checking	Account number:			

## TRADE REFERENCES

Company name:		Address:			
City:		State/Province:		Country:	
				ZIP / Postal Code:	
Phone:		Fax:		Contact Name:	
				E-mail:	

  

Company name:		Address:			
City:		State/Province:		Country:	
				ZIP / Postal Code:	
Phone:		Fax:		Contact Name:	
				E-mail:	

  

Company name:		Address:			
City:		State/Province:		Country:	
				ZIP / Postal Code:	
Phone:		Fax:		Contact Name:	
				E-mail:	

## Terms & Conditions:

- Terms:** Payment due prior to shipment / F.O.B. EuroSport Tuning warehouse.
- Payment:** VISA; Mastercard; Bank to Bank wire transfer to the deposit of EuroSport Tuning at our Bank.
- Claims:** Arising from invoices must be made within 7 working days from your receipt of goods. Call for RMA # (required)
- Consent:** EuroSport Tuning is authorized to make enquiry of the Banking & Trade references above.

Signature		Signature	
Title: _____	Name: _____	Title: _____	Name: _____
Date: _____		Date: _____	

NAME ON CREDIT CARD (exact):		CREDIT CARD TYPE:	
CARD NUMBER:		EXPIRY:	
CREDIT CARD FINANCIAL INSTITUTION:		PHONE NO:	
CARDHOLDER SIGNATURE:  x _____			