

CUSTOMER APPLICATION / CREDIT APPLICATION FORM

Note: Customer Agreement must be completed regardless of the type of account you are applying for (pg. 3).

CUSTOMER INFORMATION

Legal Business Name						D&B#
DBA						
Type of Business	<input type="checkbox"/> Retail	<input type="checkbox"/> Contractor	<input type="checkbox"/> Distributor	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Installer	<input type="checkbox"/> Other
Address						
City				Province	Zip	
Phone						Fax #
Email Address						
Contractors License #						
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		Date established		
President or Owner's Name						S.I.N #
Address						
Vice President or Partner's Name:						
Address						
Phone #						Fax #

TRADE REFERENCES PLEASE DO NOT USE CREDIT CARD REFERENCES

Apply For	<input type="checkbox"/> COD	<input type="checkbox"/> Credit	If applying for terms, please complete below. Please be advised; all order are CBD until credit has been approved. All CBD accounts are to be paid by cash, credit card, cashier's check, or company check (with prior approval).
Company			Account #
Mailing Address			
Phone #			Fax # :
Company			Account #
Mailing Address			
Phone #			Fax # :
Company			Account #
Mailing Address			
Phone #			Fax #

I certify that to the best of my knowledge the information given on this form is true and correct.

Signature:

Title :

Date :

FINANCE CHARGES: Terms of sale are cash, unless credit is approved. Approved credit sales terms are 30 days net. Finance charges may be assessed on past due balances at a periodic rate of 1.5% per month (Annual Percentage Rate 18%). Reseller shall be obligated to pay costs and expenses of collection, including reasonable attorney fees.

BANK ACCOUNT VERIFICATION FORM

BANK INFORMATION

Date _____ Account Name : _____
Bank Name _____
Address _____
City _____ Province _____ Zip _____
Bank Telephone # _____
Checking Account # _____

To whom it may concern:

We are investigating the credit responsibility of the account named above and your financial institution has been given as a credit reference. We must have credit history on an account before we can allow them to issue a company check to us. It would be appreciated if you give us the following information:

FOR BANK USE ONLY

Date Account Opened: _____

Average Balance : \$ _____ .00

Any Returned Check : No Yes # of Returned check in the last 12 months: _____

Thank you for your cooperation, please call 604.285.9876 for any further questions. Your prompt attention will be greatly appreciated.

CUSTOMER RELEASE

I/We hereby authorize the requested to be released to SIMBA FLOORING CORP.

Name : _____ Date : _____

Signature : _____

NEW CUSTOMER AGREEMENT

I, the undersigned (signee's name) _____
on behalf of (company name) _____
hereafter referred to as Customer, agree to the following terms and conditions stated below to be
considered as Simba's Authorized Dealer.

- Dealer must not sell Simba Floors product outside of their designated selling area (as defined in the official business address).
- Pricing on the internet is not allowed. Dealer must adhere to Simba Floors Internet Sales Policy (below) and will not publish pricing over the internet to the public in any form.

Simba Floors Internet Sales Policy

Simba Floors is proud to offer affordable wood flooring products of the highest quality with superior customer service. In order to maintain our high standards of both quality products and service, Simba Floors products are sold exclusively through a network of authorized dealers. For this reason, we are unable to honor warranty claims for products sold over the Internet, nor can we accept returns for any such products.

E-MAILS

Management :
Sales Manager :
Account Payable :
General :

*All fields required

I agree to all the terms and conditions above, and certify that
the information given on this form is true and correct.

Signature:

Print :

Date :