



To apply for a wholesale account please fill out the form below and fax to 613-738-3373.

WHOLESALE ACCOUNT APPLICATION

Date	
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Company Information

Company Name			
Address			
City	Province		PC
Phone number	()	Fax	()
Date Business Opened		PST #	
Type of Business	(Sole Proprietor)(Partnership)(Corporation)	Federal #	

Contact Person

Name		Position	
Email			
Phone number	()	Fax	()

Owner(s) Information

Owner(s) Name		City		PC
Owner(s) Home Add.		Phone #	()	
Owner(s) Name		City		PC
Owner(s) Home Add.		Phone #	()	

Trade References

Name of Trade Ref. 1		Acc't No.	
Address			
City	Province		PC
Phone number	()	Fax	()

Name of Trade Ref. 2		Acc't No.	
Address			
City	Province		PC
Phone number	()	Fax	()

Authorized Purchasers

Credit Card

Credit Card Name		Card no..	
Cardholders Name		Verification number	
Cardholders Signature		Expiry Date	

I (we) grant permission for Goldwing Autocare Inc. to charge our credit card number that is provided in this document for our purchases.

Authorized signature		Date	
Print name		Title	