



Dealers Application Form

Thank you for your inquiry in becoming a dealer for Crewes Power Motor Sports. Please complete your information in the form below and return to us by via e-mail:

info@crewespowersports.com or fax (403) 270-0436

Please Complete All Items

Legal Company Name: _____

Business License Number: _____

Dealers License Number: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel: _____ Fax: _____

E-mail: _____ website: _____

Ownership: Corporation, Inc. _____ Partnership Proprietorship

Nature of Business (Check One): Retail Wholesale Direct Sales
 Consultant Manufacture Other _____

MAIN CONTACT INFORMATION

First Name: _____ Last Name: _____

Position: _____ Direct Phone Line: _____

E-mail: _____ Driver's License No: _____

BUSINESS INFORMATION

Years in Business: _____ Length of Time at Current Address: _____

Number of Employees: _____ Type of Business: _____

Hours of Operation: _____ Serving Area: _____

Authorized Purchaser: _____ PO's required: _____

www.crewespowersports.com

Office Phone: 1-866-720-0466, (403) 720-4174 Fax: (403) 270-0436
Address: Bay F, 8240 – 31 Street SE, Calgary, Alberta T2C 1J1

BUSINESS CREDIT REFERENCES

COMPANY NAME	CONTACT NAME	PHONE	FAX

BANK REFERENCE

BANK	BRANCH, ADDRESS	PHONE #	CURRENT BRANCH ACCT#

OTHER INTERNAL CONTACTS

CONTACTS NAME	PHONE	EMAIL
General Manager:		
Service Tech:		
Purchaser:		
Accountant:		

I / We hereby apply to **Crewes Power Motor Sports** (Here after "Vendor") to open an account. The Buyer gives Vendor permission to verify all information stated herein. I / We hereby agree all credit granted shall be paid with in terms granted.

Dealers

Signature: _____

Print

Name: _____ Date: _____

Position: _____