TTX CANADA INC.

Please fax this form to your nearest TTX sales office.

Ontario & Western Canada – (905) 286-0553
PQ & Eastern Canada – (905) 286-0553

Authorized Reseller Application

Legal Company Name:_____

Trade Name:_____ #OF LOCATIONS:_____

Address:_____ City:_____ Province:____ Postal Code:_____

Telephone: ( )_____ Fax:( )_____ Email:_____

Type of Business:_____ Date Established:_____ #of Employees:_____

Terms Requested:_____ Credit Limit:_____ Accounts Payable Contact:_____

Products/Services Offered:_____ Anticipated Monthly Volume with TTX:_____

Annual sales (last year): $_____ Annual sales (projected): $_____ P.S.T#:_____

Principals:	***Name***	***Title***	***Home Address***	***% Ownership***

Bank:_____ Account No.: _____ Telephone ( )_____

Address: _____

Account Manager: _____ Line of Credit: ____Yes ____ No if yes, amount $_____

TRADE REFERENCES

Name	***City***	***Tel***	***Fax***	***Credit Limit***

Do you have Account(s) with: ***D.F.S*** ***Transamerica Finance***

I warrant the information contained herein is true and correct and given for the purpose of granting dealer credit. I hereby authorize the collection and exchange of credit information. In consideration of purchases made and/or credit terms granted the undersigned duly authorized officer and applicant, hereby acknowledges and accepts the personal obligation to pay in accordance with agreed terms, including interest, service charges or costs of collection as applicable. I acknowledge that all product remains the property of TTX Canada Inc. until paid for in full.

_____	_____	_____	_____
Officer's Signature	Officers's Name & Title	Witness	Date

(FOR INTERNAL USE ONLY)

Account Number:_____ Terms Approved:_____ Credit Limit:_____

Account Manager:_____ Price level:_____ Approval Date:_____ Approved By:_____