

Authorized Reseller Application

Legal Company Name: _____

Trade Name: _____ **#OF LOCATIONS:** _____

Address: _____ **City:** _____ **State:** _____ **Zip 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):** \$ _____ **FED TAX#:** _____

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:** _____